

Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: **(360) 570-7895** or email (print and scan or upgrade to **Adobe Reader XI** or above) to: **vsdisclose@dol.wa.gov**.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

Bulk records contract fees: There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

1 Method of access you are requesting			
<input checked="" type="checkbox"/> IVIPS (Individual record inquiries) Current IVIPS number, if applicable: 13a			
<input type="checkbox"/> Bulk vehicle/vessel records (<i>Batch process</i>) Frequency (<i>check one</i>): <input type="checkbox"/> One time <input type="checkbox"/> Periodic <input type="checkbox"/> Regular			
PRINT or TYPE Company/Agency name Northwest Trustee Services, Inc.			
Contract contact/manager (IVIPS and Bulk records accounts) Christina Taylor		Signing Authority name (Bulk records accounts only)	
(Area code) Phone number (425) 586-1900	Email (required for IVIPS and Bulk records) ctaylor@northwesttrustee.com	(Area code) Phone number	Email (required for Bulk records)
Physical address of business (<i>Number and street, City, State, ZIP code</i>) 13555 SE 36th St., Ste 100, Bellevue, WA 98006			
Mailing address of business, if different (<i>Address or PO Box, City, State, ZIP code</i>)			
Provide one of these identifiers:	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN) 6a	WA Unified Business Identifier (UBI) 602 376 725
2 Provide a detailed explanation of your primary business activity (exactly what your business does). NTS provides non-judicial and title curative, including title elimination, services to various mortgage lenders.			
3 Check all that apply to you and/or your business			
<input type="checkbox"/> Attorney <input type="checkbox"/> Auction <input type="checkbox"/> Auto manufacturer or agent <input type="checkbox"/> Bail bonds <input type="checkbox"/> Bank or financing firm <input checked="" type="checkbox"/> Business <input type="checkbox"/> Commercial parking company <input type="checkbox"/> Credit union <input type="checkbox"/> Data broker/Reseller <input checked="" type="checkbox"/> Debt recovery/Collection <input type="checkbox"/> Employer/Prospective employer <input type="checkbox"/> Government <input type="checkbox"/> Guardianship/Trustee service <input type="checkbox"/> Homeowner association <input type="checkbox"/> Hospital <input type="checkbox"/> Hulk hauler <input type="checkbox"/> Insurance company/agent	<input type="checkbox"/> Lien service <input type="checkbox"/> Marina <input type="checkbox"/> Neighborhood block watch <input type="checkbox"/> Newspaper or media <input type="checkbox"/> Non-profit organization <input type="checkbox"/> Parking enforcement <input type="checkbox"/> Private investigator <input type="checkbox"/> Process server <input type="checkbox"/> Property mgmt. - Government <input type="checkbox"/> Property mgmt. - Private <input checked="" type="checkbox"/> Repossession service <input type="checkbox"/> Retail/Store <input type="checkbox"/> School - Private <input type="checkbox"/> School - Public <input type="checkbox"/> Scrap processor or wrecker <input type="checkbox"/> Security services - Government <input type="checkbox"/> Security services - Private	<input type="checkbox"/> Service bureau for another business Provide business name: _____ <input type="checkbox"/> Storage facility <input type="checkbox"/> Title/Escrow <input type="checkbox"/> Toll facility <input type="checkbox"/> Towing company <input type="checkbox"/> Transporter <input type="checkbox"/> Union (non-profit) <input type="checkbox"/> Vehicle/Vessel dealer <input type="checkbox"/> I represent a business that will provide information to another party Provide business names: _____ <input checked="" type="checkbox"/> Other (explain) Trustee company/foreclosures	

4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

NTS handles non-judicial foreclosure. In order to foreclose on a manufactured structure, we must identify the current state of the title and the current registered and legal owners. If the manufactured home has not been "detitled," NTS will assist the lenders in completing the elimination process.

5 Redisclosure and/or selling of information

Will you sell or provide the information to anyone else? ☐ Sell ☒ Provide ☐ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

Information may be supplied to the mortgage lenders who have retained NTS to handle the non-judicial foreclosure.

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

Information will only be disclosed to banks with an interest in the real property and manufactured home.

How will you provide the information to recipients? Explain.

Information will be sent via email.

6 Owner contact

Will you contact the vehicle/vessel owner? ☒ Yes ☐ No

Unsolicited business contact for commercial purposes is strictly prohibited.

If yes, why will you contact the owner and how will you contact them?

Contact may be made via mail services and/or posting foreclosure notices at the property. Foreclosure notice will be sent to the current owner(s). Also, a request to assist in detitling the home may be sent.

7 Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? ☒ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? ☒ Yes ☐ No
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? ☒ Yes ☐ No

- ☐ **I represent a government agency.** Agency name: _____
 Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? ☐ Yes ☐ No
- ☒ **I represent a Washington State business.** Attach legible copies of:
- your current business license
 - any/all professional licenses that you possess
- ☐ **I represent a business outside Washington State.** If your business is not required to be licensed in the state of Washington, attach a legible copy of either:
- your current business license
 - a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).
- ☐ **I am a process server.** Attach legible copies of:
- your current business license
 - any/all professional licenses that you possess
 - registration for county jurisdictions
- ☐ **I represent a non-profit organization or corporation.**
1. Attach a legible copy of one of the following:
 - Your Articles of Incorporation, filed with the Secretary of State
 - Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
 - Other documents reviewed and approved by the Department of Licensing Public Records Officer
 2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.
- ☐ **I represent a data broker/reseller** – attach a legible copy of your current business license.
 IVIPS applicants must also include:
- subscriber roster (provided on page 4)
 - subscriber agreements
- ☐ **I am an attorney.*** Attach legible copies of:
- your current business license
 - your current bar card
- ☐ **I am a private investigator.*** Attach legible copies of:
- your current Private Investigator license
 - your current business license

***Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner. RCW 46.12.635**

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Title Review/Title Resolution Manager

Title

3/16/15/ Clackamas County, OR

Date and place (county) signed

X Christina Taylor

Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725
 Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete this section)

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use each subscriber qualifies
- Retain Subscriber Roster for 6 years and provide to DOL when requested

Your contract and/or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

NOTE: When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at

<https://fortress.wa.gov/dol/ivipsprod/>.

In the *Subscriber's permissible use* box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

1	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
5	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
7	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

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Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

Bulk records contract fees: There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

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PRINT or TYPE Company/Agency name Financial Assistance Inc			
Contract contact/manager (IVIPS and Bulk records accounts) Cella Heckman		Signing Authority name (Bulk records accounts only)	
(Area code) Phone number (425) 641-3235	Email (<i>required for IVIPS and Bulk records</i>) checkman@faicollect.com	(Area code) Phone number	Email (<i>required for Bulk records</i>)
Physical address of business (<i>Number and street, City, State, ZIP code</i>) 1130 140th Ave N.E. Ste 100A			
Mailing address of business, if different (<i>Address or PO Box, City, State, ZIP code</i>) Bellevue WA 98005			
Provide one of these identifiers:	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN) 6a	WA Unified Business Identifier (UBI) 600-640-087
2 Provide a detailed explanation of your primary business activity (exactly what your business does). Contract with government agencies to collect ^{debt} as such as schools such as Washington State University and Pacific Lutheran University. The collection regulation that governs the collection of these types of accounts requires that your records be accessed by the collectors to use this information in conjunction with the <i>Collection of a valid debt.</i>			
3 Check all that apply to you and/or your business			
<input type="checkbox"/> Attorney <input type="checkbox"/> Auction <input type="checkbox"/> Auto manufacturer or agent <input type="checkbox"/> Bail bonds <input type="checkbox"/> Bank or financing firm <input type="checkbox"/> Business <input type="checkbox"/> Commercial parking company <input type="checkbox"/> Credit union <input type="checkbox"/> Data broker/Reseller <input checked="" type="checkbox"/> Debt recovery/Collection <input type="checkbox"/> Employer/Prospective employer <input type="checkbox"/> Government <input type="checkbox"/> Guardianship/Trustee service <input type="checkbox"/> Homeowner association <input type="checkbox"/> Hospital <input type="checkbox"/> Hulk hauler <input type="checkbox"/> Insurance company/agent	<input type="checkbox"/> Lien service <input type="checkbox"/> Marina <input type="checkbox"/> Neighborhood block watch <input type="checkbox"/> Newspaper or media <input type="checkbox"/> Non-profit organization <input type="checkbox"/> Parking enforcement <input type="checkbox"/> Private investigator <input type="checkbox"/> Process server <input type="checkbox"/> Property mgmt. - Government <input type="checkbox"/> Property mgmt. - Private <input type="checkbox"/> Repossession service <input type="checkbox"/> Retail/Store <input type="checkbox"/> School - Private <input type="checkbox"/> School - Public <input type="checkbox"/> Scrap processor or wrecker <input type="checkbox"/> Security services - Government <input type="checkbox"/> Security services - Private	<input type="checkbox"/> Service bureau for another business Provide business name: _____ <input type="checkbox"/> Storage facility <input type="checkbox"/> Title/Escrow <input type="checkbox"/> Toll facility <input type="checkbox"/> Towing company <input type="checkbox"/> Transporter <input type="checkbox"/> Union (non-profit) <input type="checkbox"/> Vehicle/Vessel dealer <input type="checkbox"/> I represent a business that will provide information to another party Provide business names: _____ <input type="checkbox"/> Other (explain) _____	

4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

See attached item 4

5 Redislosure and/or selling of information

Will you sell or provide the information to anyone else? ☐ Sell ☐ Provide ☒ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

How will you provide the information to recipients? Explain.

6 Owner contact

Will you contact the vehicle/vessel owner? ☒ Yes ☐ No

Unsolicited business contact for commercial purposes is strictly prohibited.

If yes, why will you contact the owner and how will you contact them?

Contact by phone or letter or both. When the person identified is owing debt they will be contacted for payment of the obligation. They are contacted because they owe the debt to the government agency.

See attached a. and b.

7 Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? ☒ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? ☒ Yes ☐ No
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? ☒ Yes ☐ No

4. We perform collections for institutions of higher education and as such often times individuals "skip" leaving no new forwarding address. Vehicle-Vessel assists in locating individuals that owe monies to these institutions by providing addresses that may have been updated in the previous 12 month period. We typically use this service by name rather than by plate.

6. a. We contact the vehicle owner if they are the individuals that owe the money to the institutions.

b. By obtaining the address of the individual that owes the money, we may contact them via letter requesting payment of the obligation. Or, we may cross-reference the address using a different location information database and if the phone number is available call the individual and request payment of the outstanding obligation.

THIS IS AN ATTEMPT TO COLLECT A DEBT BY A DEBT COLLECTOR. ANY INFORMATION OBTAINED WILL BE USED FOR THIS PURPOSE.

1130 140th Ave NE ▪ Suite 100A ▪ Bellevue, WA ▪ 98005
office. 425.641.3235 ▪ fax. 425.649.3588 ▪ www.faicollect.com

8

Check all that apply

- ☐ **I represent a government agency.** Agency name: _____
Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? ☐ Yes ☐ No
- ☒ **I represent a Washington State business.** Attach legible copies of:
- your current business license
 - any/all professional licenses that you possess
- ☐ **I represent a business outside Washington State.** If your business is not required to be licensed in the state of Washington, attach a legible copy of either:
- your current business license
 - a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).
- ☐ **I am a process server.** Attach legible copies of:
- your current business license
 - any/all professional licenses that you possess
 - registration for county jurisdictions
- ☐ **I represent a non-profit organization or corporation.**
1. Attach a legible copy of one of the following:
 - Your Articles of Incorporation, filed with the Secretary of State
 - Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
 - Other documents reviewed and approved by the Department of Licensing Public Records Officer
 2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.
- ☐ **I represent a data broker/reseller** – attach a legible copy of your current business license.
IVIPS applicants must also include:
- subscriber roster (provided on page 4)
 - subscriber agreements
- ☐ **I am an attorney.*** Attach legible copies of:
- your current business license
 - your current bar card
- ☐ **I am a private investigator.*** Attach legible copies of:
- your current Private Investigator license
 - your current business license

***Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner. RCW 46.12.635**

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

6/4/15 KING
Date and place (county) signed

VP Compliance
Title

X Cella Helman
Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725
Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93



STATE OF
WASHINGTON

BUSINESS LICENSE

Domestic Profit Corporation

Unified Business ID #: 600 440 087

Business ID #: 1

Location: 1

Expires: 04-30-2016

FINANCIAL ASSISTANCE, INC.
1130 140TH AVE NE STE 100A
BELLEVUE WA 98005

TAX REGISTRATION
INDUSTRIAL INSURANCE
COLLECTION AGENCY

UNEMPLOYMENT INSURANCE

CITY LICENSES/REGISTRATIONS:
BELLEVUE GENERAL BUSINESS #030922

LICENSING RESTRICTIONS:
Not licensed to hire minors without a Minor Work Permit.

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Director, Department of Revenue

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete this section)

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use each subscriber qualifies
- Retain Subscriber Roster for 6 years and provide to DOL when requested

Your contract and/or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

NOTE: When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at <https://fortress.wa.gov/dol/ivipsprod/>.

In the *Subscriber's permissible use* box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

1	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2	Legal business name	Contact name	Email	Telephone #
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	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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Bulk records contract fees: There is a 1-cent fee per record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

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PRINT or TYPE Company/Agency name International Intelligence Services		
Primary contact name LISA MOREY	(Area code) Telephone number 206 213 5738	(Area code) Fax number 206 213 5763
Email Lmorey@intelservices.us	Website www.intelservices.us	
Secondary contact name	(Area code) Telephone number	Email
Contract manager name	(Area code) Telephone number	Email
Physical address of business (Number and street, City, State, ZIP code) 3312 W. Lynne St., Seattle 98199		
Mailing address of business, if different (Address or PO Box, City, State, ZIP code) 1916 Pike Pl #12-357, Seattle 98101		
Provide one of these identifiers:	Tax Identification Number (TIN)	Federal Employer Identification Number (EIN)
WA Unified Business Identifier (UBI) 602 292 763		
2 Provide a detailed explanation of your primary business activity (exactly what your business does). Litigants for Attorneys & provide process service. Locate witnesses &		
3 Check all that apply to you and/or your business		
<input type="checkbox"/> Attorney <input type="checkbox"/> Auction <input type="checkbox"/> Auto manufacturer or agent <input type="checkbox"/> Bail bonds <input type="checkbox"/> Bank or financing firm <input type="checkbox"/> Business <input type="checkbox"/> Commercial parking company <input type="checkbox"/> Credit union <input type="checkbox"/> Data broker/Reseller <input type="checkbox"/> Debt recovery/Collection <input type="checkbox"/> Employer/Prospective employer <input type="checkbox"/> Government <input type="checkbox"/> Guardianship/Trustee service <input type="checkbox"/> Homeowner association <input type="checkbox"/> Hospital <input type="checkbox"/> Hulk hauler <input type="checkbox"/> Insurance company/agent	<input type="checkbox"/> Lien service <input type="checkbox"/> Marina <input type="checkbox"/> Neighborhood block watch <input type="checkbox"/> Newspaper or media <input type="checkbox"/> Non-profit organization <input type="checkbox"/> Parking enforcement <input checked="" type="checkbox"/> Private investigator <input checked="" type="checkbox"/> Process server <input type="checkbox"/> Property mgmt. - Government <input type="checkbox"/> Property mgmt. - Private <input type="checkbox"/> Repossession service <input type="checkbox"/> Retail/Store <input type="checkbox"/> School - Private <input type="checkbox"/> School - Public <input type="checkbox"/> Scrap processor or wrecker <input type="checkbox"/> Security services - Government <input type="checkbox"/> Security services - Private	<input type="checkbox"/> Service bureau for another business Provide business name: _____ <input type="checkbox"/> Storage facility <input type="checkbox"/> Title/Escrow <input type="checkbox"/> Toll facility <input type="checkbox"/> Towing company <input type="checkbox"/> Transporter <input type="checkbox"/> Union (non-profit) <input type="checkbox"/> Vehicle/Vessel dealer <input type="checkbox"/> I represent a business that will provide information to another party Provide business names: _____ <input type="checkbox"/> Other (explain) _____ _____ _____

4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

Vehicle Registrations are used to verify current address information to be used for process service

5 Redisclosure and/or selling of information

Will you sell or provide the information to anyone else? ☐ Sell ☒ Provide ☐ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

Attorney's who hire us for process service

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

We only work for attorneys

How will you provide the information to recipients? Explain.

Address where served is part of the process service declaration

6 Owner contact

Will you contact the vehicle/vessel owner? ☐ Yes ☒ No

Unsolicited business contact for commercial purposes is strictly prohibited.

If yes, why will you contact the owner and how will you contact them?

7 Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? ☒ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? ☒ Yes ☐ No
3. Do you agree not to use, or facilitate the use of, the information for commercial purpose, making unsolicited business contact, or promoting the sale of any goods or services? ☒ Yes ☐ No

8 Check all that apply

☐ I represent a government agency. Agency name: _____
 Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? ☐ Yes ☐ No

☐ I represent a Washington State business. Attach legible copies of:

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☐ I represent a business outside Washington State. If your business is not required to be licensed in the state of Washington, attach a legible copy of either

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- ☐ a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN).

☐ I am a process server. Attach legible copies of:

- ☐ your current business license
- ☐ any/all professional licenses that you possess
- ☐ registration for county jurisdictions

☐ I represent a non-profit organization or corporation.

1. Attach a legible copy of one of the following:
 - ☐ Your Articles of Incorporation, filed with the Secretary of State
 - ☐ Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
 - ☐ Other documents reviewed and approved by the Department of Licensing Public Records Officer
2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.

☐ I represent a data broker/reseller – attach a legible copy of your current business license.
 IVIPS applicants must also include:

- ☐ subscriber roster (provided on page 4)
- ☐ subscriber agreements

☐ I am an attorney.* Attach legible copies of:

- ☐ your current business license
- ☐ your current bar card

☒ I am a private investigator.* Attach legible copies of:

- ☒ your current Private Investigator license
- ☒ your current business license

*Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner. RCW 46.12.635

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

9/5/14 Seattle
 Date and place (county) signed

Sec/Treas
 X
 Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725
 Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

Search

BUSINESS & PROFESSIONAL LICENSES

License Details

License Information:

Name: INTERNATIONAL INTELLIGENCE SER
License Type: Private Investigative Agency
License Number: 1384
License Status: Active
First Issued Date: Aug 23 2004
License Issued: Sep 2 2014
Expiration Date: Aug 31 2015

Address:

SEATTLE WA 98101

[View Related Records](#)

Information Current as of 09/05/2014 3:05AM Pacific Time

[New Search](#)

Use of lists of individuals provided on this site for commercial purposes is prohibited under Chapter 42.56 of the Revised Code of Washington.

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- [Change or update your business information](#)
- [How to renew your license](#)

Search Business Licenses

License Information:

Entity Name: UNIVERSAL INVESTMENTS WORLDWIDE INC
Business Name: INTERNATIONAL INTELLIGENCE SERVICES
License Type: Washington State Business
Entity Type: Profit Corporation
UBI: 602292763 Business ID:001 Location ID:0001
Status: To check the status of this company, go to [Secretary of State](#) and [Department of Revenue](#).

[New Search](#)

Location Address:
SEATTLE, WA, 98101

Mailing Address:
SEATTLE, WA, 98101

[View Additional Locations](#)

	Status	Expires	First Issued
Licenses Held at this location			
Private Investigative Agency	Active	08/31/2015	08/23/2004
Registered Trade Names:			
C. I. AGENCY, INC.	Active	N/A	10/19/2009
C.I. GROUP, INC.	Active	N/A	11/17/2009
CONSULTING ONLINE	Active	N/A	12/22/2011
DUIBEGONE	Active	N/A	08/30/2007
DUIBGONE	Active	N/A	08/30/2007
INTELUSPRO	Active	N/A	08/30/2007
INTERNATIONAL INTELLIGENCE SERVICES	Active	N/A	05/04/2003
LOVE STING	Active	N/A	05/15/2009
LOVE STINGS	Active	N/A	05/15/2009
MATE INVESTIGATE	Active	N/A	07/25/2004
MATEINVESTIGATE	Active	N/A	07/25/2004
SEX DECOY	Active	N/A	05/15/2009
SEX DECOY LOVE STING	Active	N/A	05/15/2009
SEX DECOY LOVE STINGS	Active	N/A	05/15/2009
SEX DECOYS	Active	N/A	05/15/2009
SEX DECOYS LOVE STING	Active	N/A	05/15/2009
SEX DECOYS LOVE STINGS	Active	N/A	05/15/2009
USSEARCHPRO	Active	N/A	08/30/2007
WORLDWIDE INVESTMENT PARTNERS	Active	N/A	05/14/2008

Governing People:

LISABETH MOREY
TONY KAUFMAN

Information Current as of 09/05/2014 6:39AM Pacific Time

[New Search](#)

This site is limited to searching for business licenses issued through the Washington State Business Licensing Service.

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38th Street auto outlet, inc dba

AUTO OUTLET OF TACOMA

Home of The Car Guys

3430 South Tacoma Way Tacoma, WA 98409 (253) 473-1900 Fax 473-2100

FAX COVER SHEET

DATE 12/1/14 TIME

TO WA DOL Fax Number (360) 570 7895

ATTN: IVIPs dept.

FROM Gabby Scamell

SUBJECT IVIPs application
Waiting for current Business License to
arrive any day

No. Of pages () including cover sheet

38TH STREET AUTO OUTLET INC.
 AUTO OUTLET OF TACOMA HOME OF THE CA
 3430 S TACOMA WAY
 TACOMA WA 98409-4729

DETACH BEFORE POSTING

003534



STATE OF
 WASHINGTON

BUSINESS LICENSE

Domestic Profit Corporation

Unified Business ID #: 602 247 938

Business ID #: 1

Location: 1

Expires: 11-30-2014

38TH STREET AUTO OUTLET INC.
 AUTO OUTLET OF TACOMA HOME OF THE CAR GUYS
 3430 SOUTH TACOMA WAY
 TACOMA WA 98409

TAX REGISTRATION
 MOTOR VEHICLE DEALER #0382

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

[Signature]
 Director, Department of Licensing

Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: (360) 570-7895 or email (print and scan or upgrade to Adobe Reader XI or above) to: vsdisclose@dol.wa.gov.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

Bulk records contract fees: There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

1 Method of access you are requesting <input checked="" type="checkbox"/> IVIPS (Individual record inquiries) Current IVIPS number, if applicable: 13a <input type="checkbox"/> Bulk vehicle/vessel records (Batch process) Frequency (check one): <input type="checkbox"/> One time <input type="checkbox"/> Periodic <input type="checkbox"/> Regular			
PRINT or TYPE Company/Agency name 38th Street Auto Outlet dba Auto Outlet of Tacoma			
Contract contact/manager (IVIPS and Bulk records accounts) Gabrielle Stannell		Signing Authority name (Bulk records accounts only)	
(Area code) Phone number 253 473 1900	Email (required for IVIPS and Bulk records) autooutletoftacoma@yahoo.com	(Area code) Phone number	Email (required for Bulk records)
Physical address of business (Number and street, City, State, ZIP code) 3430 So. Tacoma Way Tacoma, WA 98409			
Mailing address of business, if different (Address or PO Box, City, State, ZIP code)			
Provide one of these identifiers:	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI) 602 247 938
2 Provide a detailed explanation of your primary business activity (exactly what your business does). We are a primarily retail and occasionally wholesale business specializing in used vehicle sales. We sell mostly automobiles for personal use but also have a misc. vehicle dealer license to sell motorcycles, RVs, trailers, and boats.			
3 Check all that apply to you and/or your business			
<input type="checkbox"/> Attorney <input type="checkbox"/> Auction <input type="checkbox"/> Auto manufacturer or agent <input type="checkbox"/> Bail bonds <input type="checkbox"/> Bank or financing firm <input checked="" type="checkbox"/> Business <input type="checkbox"/> Commercial parking company <input type="checkbox"/> Credit union <input type="checkbox"/> Data broker/Reseller <input type="checkbox"/> Debt recovery/Collection <input checked="" type="checkbox"/> Employer/Prospective employer <input type="checkbox"/> Government <input type="checkbox"/> Guardianship/Trustee service <input type="checkbox"/> Homeowner association <input type="checkbox"/> Hospital <input type="checkbox"/> Hulk hauler <input type="checkbox"/> Insurance company/agent	<input type="checkbox"/> Lien service <input type="checkbox"/> Marina <input type="checkbox"/> Neighborhood block watch <input type="checkbox"/> Newspaper or media <input type="checkbox"/> Non-profit organization <input type="checkbox"/> Parking enforcement <input type="checkbox"/> Private investigator <input type="checkbox"/> Process server <input type="checkbox"/> Property mgmt. - Government <input type="checkbox"/> Property mgmt. - Private <input type="checkbox"/> Repossession service <input checked="" type="checkbox"/> Retail/Store <input type="checkbox"/> School - Private <input type="checkbox"/> School - Public <input type="checkbox"/> Scrap processor or wrecker <input type="checkbox"/> Security services - Government <input type="checkbox"/> Security services - Private	<input type="checkbox"/> Service bureau for another business Provide business name: <input type="checkbox"/> Storage facility <input type="checkbox"/> Title/Escrow <input type="checkbox"/> Toll facility <input type="checkbox"/> Towing company <input type="checkbox"/> Transporter <input type="checkbox"/> Union (non-profit) <input checked="" type="checkbox"/> Vehicle/Vessel dealer <input type="checkbox"/> I represent a business that will provide information to another party Provide business names: <input type="checkbox"/> Other (explain)	

4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

IVIPs information is vital to our business so that we may verify that the true registered owners of the vehicles that we resell are indeed the individuals that need to be signing releases on titles. We use IVIPs information to determine when there may be a payoff on the vehicle. The information on IVIPs enables us to be sure who the most current owner of the vehicle is. It also enables us to file transitional ownership deed recordings to safeguard previous registered owners as well as lienholders.

5 Redisclosure and/or selling of information

Will you sell or provide the information to anyone else?

If no, skip to Section 6.

If yes, who will you provide or sell the information?

☐ Sell ☐ Provide ☒ No

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

How will you provide the information to recipients? Explain.

6 Owner contact

Will you contact the vehicle/vessel owner?

Unsolicited business contact for commercial purposes is strictly prohibited.

If yes, why will you contact the owner and how will you contact them?

☐ Yes ☒ No

7 Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application?

2. Do you agree not to use the information for any purpose other than reasons stated on this application?

3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services?

☒ Yes ☐ No

☒ Yes ☐ No

☒ Yes ☐ No

☐ I represent a government agency. Agency name: _____

Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? ☐ Yes ☐ No

☒ I represent a Washington State business. Attach legible copies of:

- your current business license
- any/all professional licenses that you possess

☐ I represent a business outside Washington State. If your business is not required to be licensed in the state of Washington, attach a legible copy of either:

- your current business license
- a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).

☐ I am a process server. Attach legible copies of:

- your current business license
- any/all professional licenses that you possess
- registration for county jurisdictions

☐ I represent a non-profit organization or corporation.

1. Attach a legible copy of one of the following:

- Your Articles of Incorporation, filed with the Secretary of State
- Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
- Other documents reviewed and approved by the Department of Licensing Public Records Officer

2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.

☐ I represent a data broker/reseller – attach a legible copy of your current business license.

IVIPS applicants must also include:

- subscriber roster (provided on page 4)
- subscriber agreements

☐ I am an attorney.* Attach legible copies of:

- your current business license
- your current bar card

☐ I am a private investigator.* Attach legible copies of:

- your current Private Investigator license
- your current business license

*Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner. RCW 46.12.635

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

12/1/14 Pierce Co.

Date and place (county) signed

title clerk, contract manager

Title

X 
Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725
Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete this section)

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use each subscriber qualifies
- Retain Subscriber Roster for 6 years and provide to DOL when requested

Your contract and/or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

NOTE: When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at <https://fortress.wa.gov/dol/ivipsprod/>.

In the *Subscriber's permissible use* box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

1	Legal business name		Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use		
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Legal business name		Contact name	Email	Telephone #
2	Address, City, State, ZIP code		Subscriber's permissible use		
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Legal business name		Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use		
3	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Legal business name		Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use		
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No				
4	Legal business name		Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use		
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Legal business name		Contact name	Email	Telephone #
5	Address, City, State, ZIP code		Subscriber's permissible use		
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Legal business name		Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use		
6	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Legal business name		Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use		
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No				
7	Legal business name		Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use		
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Legal business name		Contact name	Email	Telephone #

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

Vehicle/Vessel On-line Access Contract Application-IVIPS

Use this form to apply for access to the Internet Vehicle/Vessel Information Processing System (IVIPS). Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)
ivips@dol.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above)

Mail
Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

Fax
(360) 570-7895

Phone
(360) 359-4001

Do not use this form for personal or individual record requests.
Use the Vehicle or Boat Record Request forms located at **dol.wa.gov/forms/formspd.html**

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

If you currently have an IVIPS number, enter it here _____

Company/Agency name 253 Motoring LLC		Website www.253motoring.com	
Contact name. Primary applicant and contract manager Don Hollingsworth	(Area code) Telephone number 253 722 9881	Email (required) 253motoring@gmail.com	
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)	
Physical address of business (number and street) 16822 Pacific Ave			
City Spanaway		State WA	ZIP code 98387
Mailing address of business (if different)			
City		State	ZIP code
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI) 602 949 130
Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). Pulling info on trade ins to make sure they are clear before doing deals			
Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. no will not contact anyone			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: <https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx>.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

IVIPS record fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

7/13/16 Pierce
Date and place (county) signed

Don Hollingsworth
PRINT or TYPE Name
X [Signature]
Signature of business or organization representative

Authorities:
Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: **(360) 570-7895** or email (print and scan or upgrade to **Adobe Reader XI** or above) to: **vsdisclose@dol.wa.gov**.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

Bulk records contract fees: There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

1 Method of access you are requesting			
<input checked="" type="checkbox"/> IVIPS (<i>Individual record inquiries</i>) Current IVIPS number, if applicable _____ <input type="checkbox"/> Bulk vehicle/vessel records (<i>Batch process</i>) Frequency (<i>check one</i>): <input type="checkbox"/> One time <input checked="" type="checkbox"/> Periodic <input type="checkbox"/> Regular			
PRINT or TYPE Company/Agency name 405 MOTORS			
Contract contact/manager (<i>IVIPS and Bulk records accounts</i>) BASIT BHURGRI		Signing Authority name (<i>Bulk records accounts only</i>)	
(Area code) Phone number (425) 949-4550	Email (<i>required for IVIPS and Bulk records</i>) sales@405motors.com	(Area code) Phone number	Email (<i>required for Bulk records</i>)
Physical address of business (<i>Number and street, City, State, ZIP code</i>) 6430 240th St SE, Woodinville, WA 98072			
Mailing address of business, if different (<i>Address or PO Box, City, State, ZIP code</i>)			
Provide one of these identifiers:	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI) 602-697-509
2 Provide a detailed explanation of your primary business activity (exactly what your business does). Used Auto Dealer			
3 Check all that apply to you and/or your business			
<input type="checkbox"/> Attorney <input type="checkbox"/> Auction <input type="checkbox"/> Auto manufacturer or agent <input type="checkbox"/> Bail bonds <input type="checkbox"/> Bank or financing firm <input type="checkbox"/> Business <input type="checkbox"/> Commercial parking company <input type="checkbox"/> Credit union <input type="checkbox"/> Data broker/Reseller <input type="checkbox"/> Debt recovery/Collection <input type="checkbox"/> Employer/Prospective employer <input type="checkbox"/> Government <input type="checkbox"/> Guardianship/Trustee service <input type="checkbox"/> Homeowner association <input type="checkbox"/> Hospital <input type="checkbox"/> Hulk hauler <input type="checkbox"/> Insurance company/agent	<input type="checkbox"/> Lien service <input type="checkbox"/> Marina <input type="checkbox"/> Neighborhood block watch <input type="checkbox"/> Newspaper or media <input type="checkbox"/> Non-profit organization <input type="checkbox"/> Parking enforcement <input type="checkbox"/> Private investigator <input type="checkbox"/> Process server <input type="checkbox"/> Property mgmt. - Government <input type="checkbox"/> Property mgmt. - Private <input type="checkbox"/> Repossession service <input type="checkbox"/> Retail/Store <input type="checkbox"/> School - Private <input type="checkbox"/> School - Public <input type="checkbox"/> Scrap processor or wrecker <input type="checkbox"/> Security services - Government <input type="checkbox"/> Security services - Private	<input type="checkbox"/> Service bureau for another business Provide business name: _____ <input type="checkbox"/> Storage facility <input type="checkbox"/> Title/Escrow <input type="checkbox"/> Toll facility <input type="checkbox"/> Towing company <input type="checkbox"/> Transporter <input type="checkbox"/> Union (non-profit) <input checked="" type="checkbox"/> Vehicle/Vessel dealer <input type="checkbox"/> I represent a business that will provide information to another party Provide business names: _____ <input type="checkbox"/> Other (explain) _____ _____ _____	

4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

Need to verify registered and legal owners on vehicle that are traded in to us in the course of regular business.

5 Redisclosure and/or selling of information

Will you sell or provide the information to anyone else? ☐ Sell ☐ Provide ☒ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

How will you provide the information to recipients? Explain.

6 Owner contact

Will you contact the vehicle/vessel owner? ☐ Yes ☒ No

Unsolicited business contact for commercial purposes is strictly prohibited.

If yes, why will you contact the owner and how will you contact them?

7 Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? ☒ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? ☒ Yes ☐ No
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? ☒ Yes ☐ No

- ☐ **I represent a government agency.** Agency name: _____
Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? ☐ Yes ☐ No
- ☒ **I represent a Washington State business.** Attach legible copies of:
- your current business license
 - any/all professional licenses that you possess
- ☐ **I represent a business outside Washington State.** If your business is not required to be licensed in the state of Washington, attach a legible copy of either:
- your current business license
 - a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).
- ☐ **I am a process server.** Attach legible copies of:
- your current business license
 - any/all professional licenses that you possess
 - registration for county jurisdictions
- ☐ **I represent a non-profit organization or corporation.**
1. Attach a legible copy of one of the following:
 - Your Articles of Incorporation, filed with the Secretary of State
 - Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
 - Other documents reviewed and approved by the Department of Licensing Public Records Officer
 2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.
- ☐ **I represent a data broker/reseller** – attach a legible copy of your current business license.
IVIPS applicants must also include:
- subscriber roster (provided on page 4)
 - subscriber agreements
- ☐ **I am an attorney.*** Attach legible copies of:
- your current business license
 - your current bar card
- ☐ **I am a private investigator.*** Attach legible copies of:
- your current Private Investigator license
 - your current business license

***Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner. RCW 46.12.635**

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

VP

Title

X

Signature

04/23/2015 Snohomish County

Date and place (county) signed

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725
Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete this section)

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use each subscriber qualifies
- Retain Subscriber Roster for 6 years and provide to DOL when requested

Your contract and/or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

NOTE: When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at <https://fortress.wa.gov/dol/ivipsprod/>.

In the *Subscriber's permissible use* box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

1	Legal business name 405 Motors	Contact name Basit Bhurgri	Email sales@405motors.com	Telephone # 450 (425) 949-4550
	Address, City, State, ZIP code 6430 240th ST SE, Woodinville, WA 98072		Subscriber's permissible use Verify ownership on vehicles trade into dealer.	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
2	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
5	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
7	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



STATE OF
WASHINGTON

BUSINESS LICENSE

Domestic Profit Corporation

Unified Business ID #: 602 697 509

Business ID #: 1

Location: 1

Expires: 02-29-2016

BHURGRI AND SONS, INC.
405 MOTORS
6430 240TH ST SE
WOODINVILLE WA 98072

TAX REGISTRATION
INDUSTRIAL INSURANCE
MOTOR VEHICLE DEALER #7221

UNEMPLOYMENT INSURANCE

LICENSING RESTRICTIONS:

Not licensed to hire minors without a Minor Work Permit.

REGISTERED TRADE NAMES:

405 MOTORS

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Director, Department of Revenue



Vehicle/Vessel Disclosure Agreement Application

Use this form to apply for access to vehicle/vessel records or information. Once completed, mail or fax it to:

Public Disclosure
Department of Licensing
PO Box 2957
Olympia WA 98507-2957

Fax: (360) 570-7895

Please allow 14 business days to process and respond to your request.

We are committed to protecting personal information. There is no guarantee you will be provided the information. We release information in accordance with the federal Driver Privacy Protection Act (DPPA), and Washington State laws. The DPPA restricts redisclosure of personal information obtained from vehicle records. An authorized recipient may only redisclose information for a permitted use.

1 PRINT OR TYPE Method of access you are requesting			
<input checked="" type="checkbox"/> Internet Vehicle/Vessel Information Processing System (IVIPS) (<i>Individual record inquiries</i>) (360) 359-4001			
<input type="checkbox"/> Secure data transfer (360) 902-3673			
<input type="checkbox"/> Electronic Lender Transaction (ELT) (360) 902-3708 Service bureau name: _____			
Company/Agency name Washington Fugitive Investigations			
Contact name W. Tom McLinn	(Area code) Telephone number (253) 732-8250	(Area code) Fax number (253) 383-7160	
Contact name 2 (if applicable) Frank Davalos	(Area code) Telephone number (253) 732-0511	email frank_davalos@wfinv.net	
Contact name 3 (if applicable)	(Area code) Telephone number	email	
Physical address of business (Number and street) 513 S. 9th St.			
City Tacoma		State WA	ZIP code 98402
Mailing address of business (if different) 1000 Aviara Pkwy - Ste 300			
City Carlsbad		State CA	ZIP code 92011
email william_mclinn@wfinv.net		website	
You are required to provide one of the items below.			
Tax Identification Number (TIN) _____			
Federal Employer Identification Number (EIN) _____			
Washington State Unified Business Identifier (UBI) 603 241 027			

Agency Use Only

Account number _____ ☐ New account ☐ Renewal ☐ Reapply

☐ Approved ☐ Denied ☐ Cancelled ☐ Misuse

2 Check all that apply to you and/or your business

- | | | |
|--|---|--|
| <input type="checkbox"/> Attorney | <input type="checkbox"/> Lien service | <input type="checkbox"/> Service bureau for another business
Provide business name: _____ |
| <input type="checkbox"/> Auction | <input type="checkbox"/> Marina | |
| <input type="checkbox"/> Auto manufacturer or agent | <input type="checkbox"/> Neighborhood block watch | <input type="checkbox"/> Storage facility |
| <input checked="" type="checkbox"/> Bail bonds | <input type="checkbox"/> Newspaper or media | <input type="checkbox"/> Title/Escrow |
| <input type="checkbox"/> Bank or financing firm | <input type="checkbox"/> Non-profit organization | <input type="checkbox"/> Toll facility |
| <input type="checkbox"/> Business | <input type="checkbox"/> Parking enforcement | <input type="checkbox"/> Towing company |
| <input type="checkbox"/> Commercial parking company | <input type="checkbox"/> Private investigator | <input type="checkbox"/> Transporter |
| <input type="checkbox"/> Credit union | <input type="checkbox"/> Process server | <input type="checkbox"/> Union (non-profit) |
| <input type="checkbox"/> Data broker/Reseller | <input type="checkbox"/> Property mgmt. - Government | <input type="checkbox"/> Vehicle/Vessel dealer |
| <input type="checkbox"/> Debt recovery/Collection | <input type="checkbox"/> Property mgmt. - Private | <input type="checkbox"/> I represent a business that will
provide information to another party
Provide business name(s): _____ |
| <input type="checkbox"/> Employer/Prospective employer | <input type="checkbox"/> Repossession service | |
| <input type="checkbox"/> Government | <input type="checkbox"/> Retail/Store | <input type="checkbox"/> Other (explain) _____ |
| <input type="checkbox"/> Guardianship/Trustee service | <input type="checkbox"/> School - Private | |
| <input type="checkbox"/> Home owner association | <input type="checkbox"/> School - Public | |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Scrap processor or wrecker | |
| <input type="checkbox"/> Hulk hauler | <input type="checkbox"/> Security services - Government | |
| <input type="checkbox"/> Insurance company/agent | <input type="checkbox"/> Security services - Private | |

3 Provide a detailed explanation of your primary business activity (exactly what your business does).

WFI is contracted w/ Aladdin Bail Bonds to investigate and recover/apprehend fugitives that have missed court and/or absconded.

4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

In some cases, being able to verify a registered owners address, or a vehicle at a location can lead us to a known defendant and/or indemnitor.

5 Redisclosure and/or selling of information

Will you redisclose or sell the information to anyone else? ☐ Yes ☒ No

If yes, which will you do? ☐ Sell ☐ Provide to others

If yes, to whom will you provide the information? Be specific, list all recipients.

None

If yes, how do you ensure they have a permitted use under the DPPA and Washington state law? Be specific.

None

If yes, how will you supply the information? Describe.

None

6 Owner contact

Will you contact the vehicle/vessel owner? ☒ Yes ☐ No

Unsolicited business contact for commercial purposes is strictly prohibited.

If yes, how is contact made? Describe.

Contact is usually made in person. We then properly identify ourselves and the purpose for the contact.

If yes, describe or provide an example of why you would contact them.

It's not always necessary to contact every owner. Only if the informatin leads us to the location of the defendant or indemnitor we're searching for, in which would lead to the arrest of the person sought.

7 Check all that apply

☒ **I represent a Washington State business.** Attach legible copies of:

- your current business license.
- any/all professional licenses that you possess.

☐ **I represent a business outside Washington State.** If your business is not required to be licensed in the State of Washington, attach a legible copy of either:

- your current business license.
- a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN).

☐ **I am a process server.** Attach legible copies of:

- your current business license.
- any/all professional licenses that you possess.
- registration for county jurisdiction(s).

☐ **I represent a government agency.** Attach a statement that the information you receive will be used solely for carrying out official agency functions. Print agency name:

☐ **I represent a non-profit organization or corporation.**

1. Attach a legible copy of one of the following:

- Your Articles of Incorporation, filed with the Secretary of State
- Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
- Other documents reviewed and approved by the Department of Licensing Public Records Officer

2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.

☐ **I am an attorney.*** Attach legible copies of:

- your current business license.
- your current bar card.

☐ **I am a private investigator.*** Attach legible copies of:

- your current Private Investigator license.
- your current business license.

***Whenever the name or address of an individual vehicle owner is provided to an attorney or private investigator, we will notify the vehicle owner that the information has been provided. RCW 46.12.635(4)**

8 Answer the following

Have you attached all the required documents that apply to this Vehicle/Vessel Disclosure Agreement Application?

☒ Yes ☐ No

Do you agree not to divulge any of the information we provide you to any third party that has not been disclosed on this Agreement Application?

☒ Yes ☐ No

Do you agree not to use the information for any purpose other than what is stated on this Agreement Application, or approved by us, not to sell the information, and that the information will not be used for commercial purposes by you or by any other individual or organization?

☒ Yes ☐ No

Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact with a person named in the disclosed information? "Unsolicited business contact" means a contact that is intended to result in, or promote the sale of any goods or services to a person named in the disclosed information.

☒ Yes ☐ No

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

W. Tom McLinn - #224

PRINT Name

Director - WFI Operations

Title

513 S. 9th St.

Address

Tacoma, WA -98402-

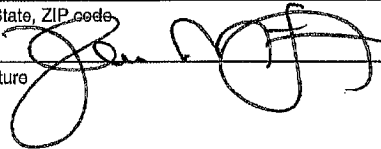
City, State, ZIP code

9.10.14 / Tacoma, WA

Date and place

X

Signature



Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725
Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93



"Working together to
fund Washington's future"

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Español

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register

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Home

DOING BUSINESS | REGISTER MY BUSINESS | LOOKUP BUSINESS INFORMATION

Back to search results

File & pay taxes

If "Non-revenue" appears after Tax Registration Number, the account is not registered with the Department of Revenue.
However, it may be registered with other agencies in the state.

Doing business

Business types

Register my business

My account

Audits

Find taxes & rates

Workshops & education

Get a form or publication

Find a law or rule

We need your help.

Take a 30 sec survey



Washington State Department of Revenue State Business Records Database Detail

TAX REGISTRATION NO:	603241027	ACCOUNT OPENED:	10/01/2012 12:00:00 AM
UBI:	603241027	ACCOUNT CLOSED:	OPEN
ENTITY NAME:	WASHINGTON FUGITIVE INVESTIGATIONS LLC		
BUSINESS NAME:	WASHINGTON FUGITIVE INVESTIGATIONS		
MAILING ADDRESS:	BUSINESS LOCATION:		
1000 AVIARA DR STE 300	513 5 9TH ST		
CARLSBAD, CA 92011-4218	TACOMA, WA 98402-5601		
ENTITY TYPE:	LIMITED LIABILITY		
RESELLER PERMIT NO:	N/A		
PERMIT EFFECTIVE:	N/A		
PERMIT EXPIRES:	N/A		
NAICS CODE:	561611		
NAICS DEFINITION:	INVESTIGATION SERVICES		

FOR NON-COMMERCIAL USE ONLY

09/10/2014 3:18 PM

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Access Washington

Voter registration assistance (SECRETARY OF STATE)

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- [Change or update your business information](#)
- [How to renew your license](#)

Search Business Licenses

License Information:

Entity Name: WASHINGTON FUGITIVE INVESTIGATIONS, LLC
Business Name: WASHINGTON FUGITIVE INVESTIGATIONS, LLC
License Type: Washington State Business
Entity Type: Limited Liability Company
UBI: 603241027 Business ID:001 Location ID:0001
Status: To check the status of this company, go to [Secretary of State](#) and [Department of Revenue](#).

Location Address:
513 S 9TH ST
TACOMA, WA, 98402-5601

Mailing Address:
1000 AVIARA DR STE 300
CARLSBAD, CA, 92011-4218

Registered Trade Names:

WASHINGTON FUGITIVE INVESTIGATIONS,
LLC

Status	Expires	First Issued
Active	N/A	12/06/2012

Gover

TRITON
HERBEI
JOHN V
LELANE
PATRIC
ROBER

New Search

This site is limited to searching for business licenses issued through the Washington State Business Licensing Service.

- [Contact us](#)
- [Forms](#)
- [About us](#)
- [Privacy](#)

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STATE OF WASHINGTON

DEPARTMENT OF LICENSING – BUSINESS AND PROFESSIONS DIVISION

THIS CERTIFIES THAT THE PERSON NAMED HEREON IS AUTHORIZED, AS PROVIDED BY LAW, AS A



BAIL BOND RECOVERY AGENT

WILLIAM T MCLINN
767 MARKET ST
TACOMA WA 98402

Cert/Lic No.

224

Issued Date

02/27/2009

Expiration Date

01/16/2015

Pat Kohler

Pat Kohler, Director

L-630-159 (R/6/13)

STATE OF WASHINGTON

DEPARTMENT OF LICENSING – BUSINESS AND PROFESSIONS DIVISION

THIS CERTIFIES THAT THE PERSON NAMED HEREON IS AUTHORIZED, AS PROVIDED BY LAW, AS A



BAIL BOND RECOVERY AGENT

FRANK X DAVAIOS
513 S 9TH ST
TACOMA WA 98402

Cert/Lic No.

259

Issued Date

10/01/2009

Expiration Date

10/01/2014

John Hilt

Director

-630-159 (R/2/04)

Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records. Send the complete form with a copy of your business license and other required documents by fax to: **(360) 570-7895** or email (print and scan or upgrade to **Adobe Reader XI** or above) to: **vsdisclose@dol.wa.gov**.

Please allow 14 business days to process and respond to your request.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

Bulk records contract fees: There is a 1-cent fee per record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

1 Method of access you are requesting			
<input checked="" type="checkbox"/> IVIPS (Individual record inquiries) – (360) 359-4001		Current IVIPS number, if applicable: 13a	
<input type="checkbox"/> Bulk vehicle/vessel records (Batch process) – (360) 902-3673			
PRINT or TYPE Company/Agency name GB Auctions Inc, dba DAA Northwest			
Primary contact name Kelly Lee		(Area code) Telephone number (509) 244-4500	(Area code) Fax number (509) 244-7005
Email klee@daanw.com		Website www.daanw.com	
Secondary contact name Jennifer Gummere		(Area code) Telephone number (509) 244-4500	Email jgummere@daanw.com
Contract manager name Kelly Lee		(Area code) Telephone number (509) 244-4500	Email klee@daanw.com
Physical address of business (Number and street, City, State, ZIP code) 2215 S Hayford Rd, Spokane WA 99224			
Mailing address of business, if different (Address or PO Box, City, State, ZIP code) P.O. Box 19190, Spokane WA 99219			
Provide one of these identifiers:	Tax Identification Number (TIN) <div style="background-color: black; width: 100px; height: 1.2em; margin-top: 5px;"></div>	Federal Employer Identification Number (EIN) <div style="background-color: black; width: 100px; height: 1.2em; margin-top: 5px;"></div>	WA Unified Business Identifier (UBI) 601-410-090

2 Provide a detailed explanation of your primary business activity (exactly what your business does).
 Wholesale Auto Auction

3 Check all that apply to you and/or your business

<input type="checkbox"/> Attorney <input checked="" type="checkbox"/> Auction <input type="checkbox"/> Auto manufacturer or agent <input type="checkbox"/> Bail bonds <input type="checkbox"/> Bank or financing firm <input checked="" type="checkbox"/> Business <input type="checkbox"/> Commercial parking company <input type="checkbox"/> Credit union <input type="checkbox"/> Data broker/Reseller <input type="checkbox"/> Debt recovery/Collection <input checked="" type="checkbox"/> Employer/Prospective employer <input type="checkbox"/> Government <input type="checkbox"/> Guardianship/Trustee service <input type="checkbox"/> Homeowner association <input type="checkbox"/> Hospital <input type="checkbox"/> Hulk hauler <input type="checkbox"/> Insurance company/agent	<input type="checkbox"/> Lien service <input type="checkbox"/> Marina <input type="checkbox"/> Neighborhood block watch <input type="checkbox"/> Newspaper or media <input type="checkbox"/> Non-profit organization <input type="checkbox"/> Parking enforcement <input type="checkbox"/> Private investigator <input type="checkbox"/> Process server <input type="checkbox"/> Property mgmt. - Government <input type="checkbox"/> Property mgmt. - Private <input type="checkbox"/> Repossession service <input type="checkbox"/> Retail/Store <input type="checkbox"/> School - Private <input type="checkbox"/> School - Public <input type="checkbox"/> Scrap processor or wrecker <input type="checkbox"/> Security services - Government <input type="checkbox"/> Security services - Private	<input type="checkbox"/> Service bureau for another business Provide business name: _____ <input type="checkbox"/> Storage facility <input type="checkbox"/> Title/Escrow <input type="checkbox"/> Toll facility <input type="checkbox"/> Towing company <input type="checkbox"/> Transporter <input type="checkbox"/> Union (non-profit) <input checked="" type="checkbox"/> Vehicle/Vessel dealer <input type="checkbox"/> I represent a business that will provide information to another party Provide business names: _____ <input type="checkbox"/> Other (explain) _____ _____
---	--	---

4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

In the course of our business, we verify title documents to be technically and legally accurate prior to payout to a consignor of a sold vehicle. When presented Lost Title Applications and/or Paperless Documents we must verify the validity of the information on the documents as well as to ensure title brands have been announced at time of sale.

In addition, when vehicles are dropped on our parking area with arrangements we must determine who are the owners of record of said vehicles in order to make contact for removal of said vehicles.

In addition, when proper releases of interest are not provided or documents have been lost and duplicate titles must be produced, we will contact the owner of record for assistance with replacing lost documents. Also, if question with potential odometer tampering, may contact owner of record to help solve problems related.

5 Redislosure and/or selling of information

Will you sell or provide the information to anyone else? ☐ Sell ☐ Provide ☒ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

The release and redislosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

How will you provide the information to recipients? Explain.

6 Owner contact

Will you contact the vehicle/vessel owner? ☒ Yes ☐ No

Unsolicited business contact for commercial purposes is strictly prohibited.

If yes, why will you contact the owner and how will you contact them?

Would contact an owner only in two circumstances. Those would be to get help with replacement of lost documents or get the needed information when attempting to solve a problem when suspect of odometer fraud or other problematic brands. We would contact if able by telephone and or by USPS, UPS or FedEx

7 Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? ☒ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? ☒ Yes ☐ No
3. Do you agree not to use, or facilitate the use of, the information for commercial purpose, making unsolicited business contact, or promoting the sale of any goods or services? ☒ Yes ☐ No

- ☐ **I represent a government agency.** Agency name: _____
 Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? ☐ Yes ☐ No
- ☒ **I represent a Washington State business.** Attach legible copies of:
- your current business license
 - any/all professional licenses that you possess
- ☐ **I represent a business outside Washington State.** If your business is not required to be licensed in the state of Washington, attach a legible copy of either
- your current business license
 - a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN).
- ☐ **I am a process server.** Attach legible copies of:
- your current business license
 - any/all professional licenses that you possess
 - registration for county jurisdictions
- ☐ **I represent a non-profit organization or corporation.**
1. Attach a legible copy of one of the following:
 - Your Articles of Incorporation, filed with the Secretary of State
 - Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
 - Other documents reviewed and approved by the Department of Licensing Public Records Officer
 2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.
- ☐ **I represent a data broker/reseller** – attach a legible copy of your current business license.
 IVIPS applicants must also include:
- subscriber roster (provided on page 4)
 - subscriber agreements
- ☐ **I am an attorney.*** Attach legible copies of:
- your current business license
 - your current bar card
- ☐ **I am a private investigator.*** Attach legible copies of:
- your current Private Investigator license
 - your current business license

***Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner. RCW 46.12.635**

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

August 21, 2014 - SPOKANE.
 Date and place (county) signed

VICE PRESIDENT.
 Title
X [Signature]
 Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725
 Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

**IVIPS USE AND DISCLOSURE CONTRACT
ATTACHMENT B
USER/ACCESS CHANGE REQUEST**

REVISED 10-9-2013

It is the Contractor's responsibility to:

- Read and review the IVIPS Use and Disclosure Contract with each employee listed,
- Instruct employees not to disclose or share User Sub-Account numbers and passwords, and
- Notify DOL in writing within three (3) business days of any changes to the Contact information (i.e. business owner, business address, phone number, Contract Contact, employee eligibility or if an employee with access leaves employment).

Failure to comply with the above may result in immediate termination of this Contract.

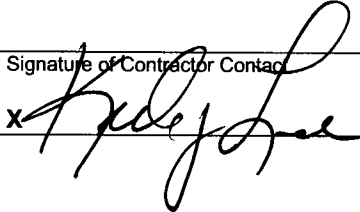
TYPE or PRINT Business Name GB Auctions Inc, dba DAA Northwest		13a	nt Number
Business Address 2215 S Hayford Rd			
City Spokane		State WA	ZIP Code 99224
Contact Name Kelly Lee		Contact (Area Code) Telephone Number 509-244-4500	

User Access

1.Type or print Employee Name Kelly Lee	<input type="checkbox"/> Add <input type="checkbox"/> Remove	User Sub-Account Number [Redacted]
2.Type or print Employee Name Jennifer Gummere	<input type="checkbox"/> Add <input type="checkbox"/> Remove	User Sub-Account Number 13a
3.Type or print Employee Name Darcy Allbery	<input type="checkbox"/> Add <input type="checkbox"/> Remove	User Sub-Account Number 13a
4.Type or print Employee Name Roxanna Elliott	<input type="checkbox"/> Add <input type="checkbox"/> Remove	User Sub-Account Number [Redacted]
5.Type or print Employee Name Amber Saint	<input type="checkbox"/> Add <input type="checkbox"/> Remove	User Sub-Account Number 13a
6.Type or print Employee Name Josie Collins	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	User Sub-Account Number 13a
7.Type or print Employee Name Jenn Orvik	<input type="checkbox"/> Add <input type="checkbox"/> Remove	User Sub-Account Number 13a
8.Type or print Employee Name Tina Wilson	<input type="checkbox"/> Add <input type="checkbox"/> Remove	User Sub-Account Number 13a
9.Type or print Employee Name Michelle Rogers	<input type="checkbox"/> Add <input type="checkbox"/> Remove	User Sub-Account Number 13a
10.Type or print Employee Name Kristina Moore	<input type="checkbox"/> Add <input type="checkbox"/> Remove	User Sub-Account Number 13a
11.Type or print Employee Name Mike Hale	<input type="checkbox"/> Add <input type="checkbox"/> Remove	User Sub-Account Number 13a
12.Type or print Employee Name Brea Barham	<input type="checkbox"/> Add <input type="checkbox"/> Remove	User Sub-Account Number 13a
13.Type or print Employee Name Jan Bieberstein	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	User Sub-Account Number 13a
14.Type or print Employee Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove	User Sub-Account Number
15.Type or print Employee Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove	User Sub-Account Number

Update for User Names Changes (i.e. if some get married)

Type or print Current Employee Name	Updated Employee Name	User Sub-Account Number
Type or print Current Employee Name	Updated Employee Name	User Sub-Account Number
Type or print Current Employee Name	Updated Employee Name	User Sub-Account Number

Signature of Contractor Contact  Effective date **8-21-14**

NOTE: This Form may be duplicated

LEGAL ENTITY REGISTRATION

Unified Business ID #: 601 410 090
Business ID #: 1

GB AUCTIONS, INC.
2215 S HAYFORD RD
SPOKANE WA 99224

Expires: 08-31-2015

Domestic Profit Corporation
Renewed by Authority of Secretary of State

REGISTERED TRADE NAMES:

DAA MECHANICAL
DAA NORTHWEST
DAA NORTHWEST AUTO BODY CENTER
DAA NORTHWEST MOTORSPORTS
DAA SEATTLE
DEALERS AUTO AUCTION NORTHWEST
DEALERS AUTO AUCTION OF SEATTLE
DEALERS AUTO FINANCE
SPOKANE AUCTION SERVICES
SPOKANE AUTO AUCTION

By accepting this document the licensee certifies that information provided on the renewal was complete, true, and accurate to the best of his or her knowledge, and that the company will stay in compliance with all applicable Washington State regulations.



Director, Department of Revenue

Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: **(360) 570-7895** or email (print and scan or upgrade to **Adobe Reader XI** or above) to: **vsdisclose@dol.wa.gov**.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

Bulk records contract fees: There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

1 Method of access you are requesting <input checked="" type="checkbox"/> IVIPS (Individual record inquiries) Current IVIPS number, if applicable 13a <input type="checkbox"/> Bulk vehicle/vessel records (<i>Batch process</i>) Frequency (<i>check one</i>): <input type="checkbox"/> One time <input type="checkbox"/> Periodic <input checked="" type="checkbox"/> Regular			
PRINT or TYPE Company/Agency name Evergreen Adjustment Service, Inc.			
Contract contact/manager (IVIPS and Bulk records accounts) Michelle Dockrey		Signing Authority name (Bulk records accounts only)	
(Area code) Phone number (206) 297-2030	Email (required for IVIPS and Bulk records) office@evergreenadjustment.com	(Area code) Phone number	Email (required for Bulk records)
Physical address of business (<i>Number and street, City, State, ZIP code</i>) 9750 Greenwood Ave N #103, Seattle, WA 98103			
Mailing address of business, if different (<i>Address or PO Box, City, State, ZIP code</i>)			
Provide one of these identifiers:	Taxpayer Identification Number (TIN) 6a	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
2 Provide a detailed explanation of your primary business activity (exactly what your business does). Claims adjustment for both first party (insured) losses and third party liability losses; we investigate coverage, liability, and damages, and settle with the vehicle owner and/or lienholder.			
3 Check all that apply to you and/or your business			
<input type="checkbox"/> Attorney <input type="checkbox"/> Auction <input type="checkbox"/> Auto manufacturer or agent <input type="checkbox"/> Bail bonds <input type="checkbox"/> Bank or financing firm <input type="checkbox"/> Business <input type="checkbox"/> Commercial parking company <input type="checkbox"/> Credit union <input type="checkbox"/> Data broker/Reseller <input type="checkbox"/> Debt recovery/Collection <input type="checkbox"/> Employer/Prospective employer <input type="checkbox"/> Government <input type="checkbox"/> Guardianship/Trustee service <input type="checkbox"/> Homeowner association <input type="checkbox"/> Hospital <input type="checkbox"/> Hulk hauler <input type="checkbox"/> Insurance company/agent	<input type="checkbox"/> Lien service <input type="checkbox"/> Marina <input type="checkbox"/> Neighborhood block watch <input type="checkbox"/> Newspaper or media <input type="checkbox"/> Non-profit organization <input type="checkbox"/> Parking enforcement <input type="checkbox"/> Private investigator <input type="checkbox"/> Process server <input type="checkbox"/> Property mgmt. - Government <input type="checkbox"/> Property mgmt. - Private <input type="checkbox"/> Repossession service <input type="checkbox"/> Retail/Store <input type="checkbox"/> School - Private <input type="checkbox"/> School - Public <input type="checkbox"/> Scrap processor or wrecker <input type="checkbox"/> Security services - Government <input type="checkbox"/> Security services - Private	<input type="checkbox"/> Service bureau for another business Provide business name: _____ <input type="checkbox"/> Storage facility <input type="checkbox"/> Title/Escrow <input type="checkbox"/> Toll facility <input type="checkbox"/> Towing company <input type="checkbox"/> Transporter <input type="checkbox"/> Union (non-profit) <input type="checkbox"/> Vehicle/Vessel dealer <input type="checkbox"/> I represent a business that will provide information to another party Provide business names: _____ <input checked="" type="checkbox"/> Other (explain) Insurance Claims Adjusters	

4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

We need to verify the title/ownership of vehicles acquired by insureds and determine if there is a lienholder or if the title is clear to sell salvage. We also need to determine that the insurance carrier is paying the legal owner in a third party loss.

5 Redisclosure and/or selling of information

Will you sell or provide the information to anyone else? ☐ Sell ☒ Provide ☐ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

Risk pools, cities, and private insurance carriers who hire us to handle vehicle claims; salvage buyers; salvage pools.

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

These are entities which themselves have access to this information, either as an admitted insurance carrier, risk pool, or self-insured Washington city.

How will you provide the information to recipients? Explain.
Electronic copy to the company adjuster we report to.

6 Owner contact

Will you contact the vehicle/vessel owner? ☒ Yes ☐ No

Unsolicited business contact for commercial purposes is strictly prohibited.

If yes, why will you contact the owner and how will you contact them?

Contact will be made for claim settlement as outlined above.

Contact will be made via phone calls and exchange of required forms.

7 Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? ☒ Yes ☐ No

2. Do you agree not to use the information for any purpose other than reasons stated on this application? ☒ Yes ☐ No

3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? ☒ Yes ☐ No

- ☐ **I represent a government agency.** Agency name: _____
Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? ☐ Yes ☐ No
- ☒ **I represent a Washington State business.** Attach legible copies of:
- your current business license
 - any/all professional licenses that you possess
- ☐ **I represent a business outside Washington State.** If your business is not required to be licensed in the state of Washington, attach a legible copy of either:
- your current business license
 - a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).
- ☐ **I am a process server.** Attach legible copies of:
- your current business license
 - any/all professional licenses that you possess
 - registration for county jurisdictions
- ☐ **I represent a non-profit organization or corporation.**
1. Attach a legible copy of one of the following:
 - Your Articles of Incorporation, filed with the Secretary of State
 - Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
 - Other documents reviewed and approved by the Department of Licensing Public Records Officer
 2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.
- ☐ **I represent a data broker/reseller** – attach a legible copy of your current business license.
IVIPS applicants must also include:
- subscriber roster (provided on page 4)
 - subscriber agreements
- ☐ **I am an attorney.*** Attach legible copies of:
- your current business license
 - your current bar card
- ☐ **I am a private investigator.*** Attach legible copies of:
- your current Private Investigator license
 - your current business license

***Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner. RCW 46.12.635**

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Office Manager

Title

2/9/15, Seattle, King County

Date and place (county) signed

X Michelle Dockrey

Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725
Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete this section)

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use each subscriber qualifies
- Retain Subscriber Roster for 6 years and provide to DOL when requested

Your contract and/or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

NOTE: When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at

<https://fortress.wa.gov/dol/ivipsprod/>.

In the *Subscriber's permissible use* box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

1	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
5	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
7	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: **(360) 570-7895** or email (print and scan or upgrade to **Adobe Reader XI** or above) to: **vsdisclose@dol.wa.gov**.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

Bulk records contract fees: There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

1 Method of access you are requesting			
<input checked="" type="checkbox"/> IVIPS (Individual record inquiries) Current IVIPS number, if applicable: 13a			
<input type="checkbox"/> Bulk vehicle/vessel records (Batch process) Frequency (check one): <input type="checkbox"/> One time <input type="checkbox"/> Periodic <input type="checkbox"/> Regular			
PRINT or TYPE Company/Agency name Stephen B Abraham Insurance Agency Inc.			
Contract contact/manager (IVIPS and Bulk records accounts) Stephen B Abraham		Signing Authority name (Bulk records accounts only)	
(Area code) Phone number (425) 776-1100	Email (required for IVIPS and Bulk records) SAbraham@FarmersAgent.com	(Area code) Phone number	Email (required for Bulk records)
Physical address of business (Number and street, City, State, ZIP code) 17901 Bothell Everett Hwy Ste F103, Mill Creek, WA 98012			
Mailing address of business, if different (Address or PO Box, City, State, ZIP code) PO Box 14692 Mill Creek, WA 98082			
Provide one of these identifiers:	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN) <div style="border: 1px solid black; padding: 0 20px;">6a</div>	WA Unified Business Identifier (UBI)
2 Provide a detailed explanation of your primary business activity (exactly what your business does). Insurance sales and service			
3 Check all that apply to you and/or your business			
<input type="checkbox"/> Attorney <input type="checkbox"/> Auction <input type="checkbox"/> Auto manufacturer or agent <input type="checkbox"/> Bail bonds <input type="checkbox"/> Bank or financing firm <input type="checkbox"/> Business <input type="checkbox"/> Commercial parking company <input type="checkbox"/> Credit union <input type="checkbox"/> Data broker/Reseller <input type="checkbox"/> Debt recovery/Collection <input type="checkbox"/> Employer/Prospective employer <input type="checkbox"/> Government <input type="checkbox"/> Guardianship/Trustee service <input type="checkbox"/> Homeowner association <input type="checkbox"/> Hospital <input type="checkbox"/> Hulk hauler <input checked="" type="checkbox"/> Insurance company/agent	<input type="checkbox"/> Lien service <input type="checkbox"/> Marina <input type="checkbox"/> Neighborhood block watch <input type="checkbox"/> Newspaper or media <input type="checkbox"/> Non-profit organization <input type="checkbox"/> Parking enforcement <input type="checkbox"/> Private investigator <input type="checkbox"/> Process server <input type="checkbox"/> Property mgmt. - Government <input type="checkbox"/> Property mgmt. - Private <input type="checkbox"/> Repossession service <input type="checkbox"/> Retail/Store <input type="checkbox"/> School - Private <input type="checkbox"/> School - Public <input type="checkbox"/> Scrap processor or wrecker <input type="checkbox"/> Security services - Government <input type="checkbox"/> Security services - Private	<input type="checkbox"/> Service bureau for another business Provide business name: _____ <input type="checkbox"/> Storage facility <input type="checkbox"/> Title/Escrow <input type="checkbox"/> Toll facility <input type="checkbox"/> Towing company <input type="checkbox"/> Transporter <input type="checkbox"/> Union (non-profit) <input type="checkbox"/> Vehicle/Vessel dealer <input type="checkbox"/> I represent a business that will provide information to another party Provide business names: _____ <input type="checkbox"/> Other (explain) _____ _____ _____	

4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

- 1) many clients will not have a VIN with them when setting up insurance.
- 2) Many clients will not have title to a car but try to buy insurance so we double check ownership.
- 3) We will use the Vin to double check that a vehicle is no longer in our clients name after it has been sold.
- 4) We use it for boats and atvs etc because serial number are not always visible.
- 5) We need to VIN to confirm year make and model of a vehicle to give an accurate price.

5 Redisclosure and/or selling of information

Will you sell or provide the information to anyone else? ☐ Sell ☐ Provide ☒ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

How will you provide the information to recipients? Explain.

6 Owner contact

Will you contact the vehicle/vessel owner? ☐ Yes ☒ No

Unsolicited business contact for commercial purposes is strictly prohibited.

If yes, why will you contact the owner and how will you contact them?

7 Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? ☒ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? ☒ Yes ☐ No
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? ☒ Yes ☐ No

- ☐ **I represent a government agency.** Agency name: _____
Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? ☐ Yes ☐ No
- ☒ **I represent a Washington State business.** Attach legible copies of:
- your current business license
 - any/all professional licenses that you possess
- ☐ **I represent a business outside Washington State.** If your business is not required to be licensed in the state of Washington, attach a legible copy of either:
- your current business license
 - a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).
- ☐ **I am a process server.** Attach legible copies of:
- your current business license
 - any/all professional licenses that you possess
 - registration for county jurisdictions
- ☐ **I represent a non-profit organization or corporation.**
1. Attach a legible copy of one of the following:
 - Your Articles of Incorporation, filed with the Secretary of State
 - Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
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IVIPS applicants must also include:
- subscriber roster (provided on page 4)
 - subscriber agreements
- ☐ **I am an attorney.*** Attach legible copies of:
- your current business license
 - your current bar card
- ☐ **I am a private investigator.*** Attach legible copies of:
- your current Private Investigator license
 - your current business license

***Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner. RCW 46.12.635**

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

President\Agent Owner

Title

1/6/2015 Snohomish County

Date and place (county) signed

X Stephen B Abraham

Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725
Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

Vehicle/Vessel Contract Application

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Fees

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Bulk records contract fees: There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

1 Method of access you are requesting			
<input checked="" type="checkbox"/> IVIPS (Individual record inquiries) Current IVIPS number, if applicable: 13a			
<input type="checkbox"/> Bulk vehicle/vessel records (Batch process) Frequency (check one): <input type="checkbox"/> One time <input checked="" type="checkbox"/> Periodic <input type="checkbox"/> Regular			
PRINT or TYPE Company/Agency name Fleet Lease Exchange Co dba FLEXCO			
Contract contact/manager (IVIPS and Bulk records accounts) Michelle Peaks		Signing Authority name (Bulk records accounts only)	
(Area code) Phone number (614) 942-1238	Email (required for IVIPS and Bulk records) michelle@flxfleet.com	(Area code) Phone number	Email (required for Bulk records)
Physical address of business (Number and street, City, State, ZIP code) 5750 Chandler Ct Westerville, OH 43082			
Mailing address of business, if different (Address or PO Box, City, State, ZIP code)			
Provide one of these identifiers:	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN) 6a	WA Unified Business Identifier (UBI)
2 Provide a detailed explanation of your primary business activity (exactly what your business does).			
Please see attached			
3 Check all that apply to you and/or your business			
<input type="checkbox"/> Attorney <input type="checkbox"/> Auction <input type="checkbox"/> Auto manufacturer or agent <input type="checkbox"/> Bail bonds <input type="checkbox"/> Bank or financing firm <input type="checkbox"/> Business <input type="checkbox"/> Commercial parking company <input type="checkbox"/> Credit union <input type="checkbox"/> Data broker/Reseller <input type="checkbox"/> Debt recovery/Collection <input type="checkbox"/> Employer/Prospective employer <input type="checkbox"/> Government <input type="checkbox"/> Guardianship/Trustee service <input type="checkbox"/> Homeowner association <input type="checkbox"/> Hospital <input type="checkbox"/> Hulk hauler <input type="checkbox"/> Insurance company/agent	<input type="checkbox"/> Lien service <input type="checkbox"/> Marina <input type="checkbox"/> Neighborhood block watch <input type="checkbox"/> Newspaper or media <input type="checkbox"/> Non-profit organization <input type="checkbox"/> Parking enforcement <input type="checkbox"/> Private investigator <input type="checkbox"/> Process server <input type="checkbox"/> Property mgmt. - Government <input type="checkbox"/> Property mgmt. - Private <input type="checkbox"/> Repossession service <input type="checkbox"/> Retail/Store <input type="checkbox"/> School - Private <input type="checkbox"/> School - Public <input type="checkbox"/> Scrap processor or wrecker <input type="checkbox"/> Security services - Government <input type="checkbox"/> Security services - Private	<input type="checkbox"/> Service bureau for another business Provide business name: _____ <input type="checkbox"/> Storage facility <input type="checkbox"/> Title/Escrow <input type="checkbox"/> Toll facility <input type="checkbox"/> Towing company <input type="checkbox"/> Transporter <input type="checkbox"/> Union (non-profit) <input type="checkbox"/> Vehicle/Vessel dealer <input type="checkbox"/> I represent a business that will provide information to another party Provide business names: _____ <input checked="" type="checkbox"/> Other (explain) <u>Automotive Remarketing / Motor Vehicle</u> <u>Dealer</u>	

4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

Please see attached

5 Redisclosure and/or selling of information

Will you sell or provide the information to anyone else? ☐ Sell ☐ Provide ☒ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

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How will you provide the information to recipients? Explain.

6 Owner contact

Will you contact the vehicle/vessel owner? ☐ Yes ☒ No

Unsolicited business contact for commercial purposes is strictly prohibited.

If yes, why will you contact the owner and how will you contact them?

7 Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? ☒ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? ☒ Yes ☐ No
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? ☒ Yes ☐ No

8 Check all that apply

- ☐ **I represent a government agency.** Agency name: _____
Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? ☐ Yes ☐ No
- ☐ **I represent a Washington State business.** Attach legible copies of:
- your current business license
 - any/all professional licenses that you possess
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- ☐ **I am a process server.** Attach legible copies of:
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 - any/all professional licenses that you possess
 - registration for county jurisdictions
- ☐ **I represent a non-profit organization or corporation.**
1. Attach a legible copy of one of the following:
 - Your Articles of Incorporation, filed with the Secretary of State
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 - your current business license

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By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Title Department Manager

Title

X

Signature

07/27/2015 - (Delaware) Westerville, OH

Date and place (county) signed

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725
Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

*We are committed to providing equal access to our services.
If you need accommodation, please call (360) 359-4001 or TTY (360) 664-0116.*



Re: Business of Use

To Whom It May Concern:

Our company remarkets vehicles for various companies. We provide a variety of licensing and titling services such as lien perfections, title & registration transfers (state to state), lease termination transfers, title / registration corrections and duplicate title requests. We have inquiry accounts with Arizona, Arkansas, Delaware, Florida, Indiana, Kansas, Kentucky, Maryland, Minnesota, Mississippi, Missouri, North Carolina, New Jersey, New York, Ohio, South Carolina, Tennessee, and Texas.

Our licensing and titling service consists of the following duties: transferring fleet vehicle titles and registrations from one state to another when a driver has been assigned to another location. The application for title and registration is completed so that the title is forwarded to the fleet company's headquarters and the registration to the branch location in the new State of transfer. FLEXCO will either contact the State of transfer or access an online account that has been setup to verify that the transfer has taken place.

We are also employed by financial institutions under our affiliate company (Innovative Funding Services Inc) to transfer titles to their borrowers and to perfect the liens. The application for title is completed to reflect the lender's interest and forwarded to the borrower's State of residence. We will either contact the State of transfer or access an online account that has been setup to verify the completion of the title and perfection of the lien.

Our remarketing division remarkets vehicles for numerous telecommunication companies who often misplace their titles. These companies have several subdivisions and subsidiaries and the home office has no idea what name is listed on the missing title. Our licensing and titling department will either contact the State the vehicle was last registered or access an online account that has been setup to verify the subsidiary and to accurately apply for a duplicate title.

Please feel free to contact me if you should have any questions or concerns. My contact information is as follows: Ph# 614-865-3500, Fx# 614-865-9821 and email michelle@flxfleet.com.

Respectfully,

Michelle Peaks

Administrative Supervisor
Title Department Manager



To Whom It May Concern:

FLEXCO is a vehicle remarketing company and is fully licensed and bonded to handle all types of vehicles. We provide titling and registration services for our clients through out the United States. We are also home office to two dealerships located in Arizona and Ohio.

We are requesting renewal of WA IVIPS search account for use in the normal course of business by FLEXCO as a legitimate business, an agent, or contractor of a legitimate business, for the following purposes:

- (a) to verify the accuracy of information submitted to the business, agent, or contractor
- (b) in case information submitted to the business, agent or contractor is incorrect or no longer is correct, to obtain the correct information, for sole purpose of preventing fraud.

We are also requesting the search account for use in connection with matters regarding motor vehicle advisories such as performance monitoring of motor vehicles, motor vehicle marketing, including, but not limited to removal of non-owner records from the original owner records of motor vehicle manufacturers.

EIN# 31-1595373

VENDOR# 21-900409

OH DLR# UD018359

AZ DLR# L00005465

FLEXCO
Fleet Lease Exchange Company, Inc



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
07/03/2014	201418301566	DOMESTIC AGENT SUBSEQUENT APPOINTMENT (AGS)	25.00	0.00	0.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

CSC
2711 CENTERVILLE RD STE 400
WILMINGTON, DE 19808

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted
CP14028

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

FLEET LEASE EXCHANGE CO., INC.

and, that said business records show the filing and recording of:

Document(s)

DOMESTIC AGENT SUBSEQUENT APPOINTMENT

Effective Date: 07/02/2014

Document No(s):

201418301566



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
3rd day of July, A.D. 2014.

Ohio Secretary of State

MOTOR VEHICLE DEALER LICENSE

THIS IS TO CERTIFY THAT THE FOLLOWING IS HEREBY LICENSED TO
ENGAGE IN THE BUSINESS OF SELLING MOTOR VEHICLES AT RETAIL
IN THE STATE OF OHIO, SUBJECT TO THE TERMS AND CONDITIONS
AS PROVIDED FOR UNDER CHAPTER 4517 OF THE REVISED CODE.

FLEET LEASE EXCHANGE COMPANY
5750 CHANDLER CT

FLEXCO

01

WESTERVILLE

OH 43082



PERMIT NUMBER
ISSUE DATE
EXPIRATION DATE

UD018359
01/16/15
03/31/17

JOHN R. KASICH
GOVERNOR

JOHN BORN
DIRECTOR

REGISTRAR
OHIO BUREAU OF MOTOR VEHICLES

6504



38-0102 R11/99

**Motor
Vehicle
Division**

LICENSE

License Number: **L00005465**

The Arizona Department of Transportation, Motor Vehicle Division, under the provisions of Arizona Revised Statutes, Title 28, hereby licenses:

**FLEET LEASE EXCHANGE CO INC, DBA
FLEXCO**

**15028 E SUNBURT
FOUNTAIN HILLS**

AZ 85268

to engage in the business of:

WHOLESALE MV DEALER IN MARICOPA COUNTY

effective this date: **JANUARY 01, 2004**

This license shall expire when one of the following occurs:

- The licensee fails, neglects or refuses to pay the required fee for the ensuing year.
- The bond furnished for this license is found to be insufficient or the licensee fails to provide any additional bond required by Arizona law.

This license must not be used except by the licensee named above.

This license must be conspicuously displayed.

Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: **(360) 570-7895** or email (print and scan or upgrade to **Adobe Reader XI** or above) to: **vsdisclose@dol.wa.gov**.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

Bulk records contract fees: There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

1 Method of access you are requesting			
<input checked="" type="checkbox"/> IVIPS (<i>Individual record inquiries</i>) Current IVIPS number, if applicable: 13a			
<input type="checkbox"/> Bulk vehicle/vessel records (<i>Batch process</i>) Frequency (<i>check one</i>): <input type="checkbox"/> One time <input type="checkbox"/> Periodic <input checked="" type="checkbox"/> Regular			
PRINT or TYPE Company/Agency name American Family Mutual Insurance Company			
Contract contact/manager (<i>IVIPS and Bulk records accounts</i>) Lisa McNally		Signing Authority name (<i>Bulk records accounts only</i>)	
(Area code) Phone number (425) 495-0532	Email (<i>required for IVIPS and Bulk records</i>) lmcnally@amfam.com	(Area code) Phone number	Email (<i>required for Bulk records</i>)
Physical address of business (<i>Number and street, City, State, ZIP code</i>) 6000 American Parkway, Madison, WI 53783			
Mailing address of business, if different (<i>Address or PO Box, City, State, ZIP code</i>) 225 N 45h Street, Phoenix, AZ 85034 Attn: Cindy Nielsen			
Provide one of these identifiers:	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN) <div style="background-color: black; color: white; text-align: center; padding: 2px;">6a</div>	WA Unified Business Identifier (UBI)
2 Provide a detailed explanation of your primary business activity (exactly what your business does). We investigate, adjust and settle insurance claims in the State of Washington.			
3 Check all that apply to you and/or your business			
<input type="checkbox"/> Attorney <input type="checkbox"/> Auction <input type="checkbox"/> Auto manufacturer or agent <input type="checkbox"/> Bail bonds <input type="checkbox"/> Bank or financing firm <input type="checkbox"/> Business <input type="checkbox"/> Commercial parking company <input type="checkbox"/> Credit union <input type="checkbox"/> Data broker/Reseller <input type="checkbox"/> Debt recovery/Collection <input type="checkbox"/> Employer/Prospective employer <input type="checkbox"/> Government <input type="checkbox"/> Guardianship/Trustee service <input type="checkbox"/> Homeowner association <input type="checkbox"/> Hospital <input type="checkbox"/> Hulk hauler <input checked="" type="checkbox"/> Insurance company/agent	<input type="checkbox"/> Lien service <input type="checkbox"/> Marina <input type="checkbox"/> Neighborhood block watch <input type="checkbox"/> Newspaper or media <input type="checkbox"/> Non-profit organization <input type="checkbox"/> Parking enforcement <input type="checkbox"/> Private investigator <input type="checkbox"/> Process server <input type="checkbox"/> Property mgmt. - Government <input type="checkbox"/> Property mgmt. - Private <input type="checkbox"/> Repossession service <input type="checkbox"/> Retail/Store <input type="checkbox"/> School - Private <input type="checkbox"/> School - Public <input type="checkbox"/> Scrap processor or wrecker <input type="checkbox"/> Security services - Government <input type="checkbox"/> Security services - Private	<input type="checkbox"/> Service bureau for another business Provide business name: _____ <input type="checkbox"/> Storage facility <input type="checkbox"/> Title/Escrow <input type="checkbox"/> Toll facility <input type="checkbox"/> Towing company <input type="checkbox"/> Transporter <input type="checkbox"/> Union (non-profit) <input type="checkbox"/> Vehicle/Vessel dealer <input type="checkbox"/> I represent a business that will provide information to another party Provide business names: _____ <input type="checkbox"/> Other (explain) _____ _____	

4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

To confirm ownership on vehicles, prior salvage history and confirm registration/licensing fees on total loss auto claims.

5 Redisclosure and/or selling of information

Will you sell or provide the information to anyone else? ☐ Sell ☐ Provide ☒ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

How will you provide the information to recipients? Explain.

6 Owner contact

Will you contact the vehicle/vessel owner? ☒ Yes ☐ No

Unsolicited business contact for commercial purposes is strictly prohibited.

If yes, why will you contact the owner and how will you contact them?

Contact will be made with the vehicle/vessel owner if the vehicle was involved in an insurance claim with American Family Mutual Insurance Company. Purpose of contact is to investigate a claim or complete a settlement for vehicle/vessel damage.

7 Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? ☒ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? ☒ Yes ☐ No
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? ☒ Yes ☐ No

- ☐ **I represent a government agency.** Agency name: _____
 Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? ☐ Yes ☐ No
- ☒ **I represent a Washington State business.** Attach legible copies of:
- your current business license
 - any/all professional licenses that you possess
- ☐ **I represent a business outside Washington State.** If your business is not required to be licensed in the state of Washington, attach a legible copy of either:
- your current business license
 - a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).
- ☐ **I am a process server.** Attach legible copies of:
- your current business license
 - any/all professional licenses that you possess
 - registration for county jurisdictions
- ☐ **I represent a non-profit organization or corporation.**
1. Attach a legible copy of one of the following:
 - Your Articles of Incorporation, filed with the Secretary of State
 - Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
 - Other documents reviewed and approved by the Department of Licensing Public Records Officer
 2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.
- ☐ **I represent a data broker/reseller** – attach a legible copy of your current business license.
 IVIPS applicants must also include:
- subscriber roster (provided on page 4)
 - subscriber agreements
- ☐ **I am an attorney.*** Attach legible copies of:
- your current business license
 - your current bar card
- ☐ **I am a private investigator.*** Attach legible copies of:
- your current Private Investigator license
 - your current business license

***Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner. RCW 46.12.635**

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Physical Damage Claim Field Manager

Title

4/20/15 Snohomish County

Date and place (county) signed

X Lisa McNally

Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725
 Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete this section)

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use each subscriber qualifies
- Retain Subscriber Roster for 6 years and provide to DOL when requested

Your contract and/or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

NOTE: When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at <https://fortress.wa.gov/dol/ivipsprod/>.

In the *Subscriber's permissible use* box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

1	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
5	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
7	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

No. 2166

Certificate of Authority

STATE OF WASHINGTON
INSURANCE COMMISSIONER
OLYMPIA

THIS IS TO CERTIFY, That

AMERICAN STANDARD INSURANCE COMPANY OF WISCONSIN
Madison, Wisconsin

organized under the laws of WISCONSIN, presented satisfactory evidence of compliance with the Insurance Code of the State of Washington and is therefore granted this Certificate of Authority, authorizing the company, subject to all provisions of this Certificate, to transact the following classes of insurance:

Property
Vehicle
General Casualty

as such classes are now or may hereafter be defined in the Revised Code of Washington.

THIS CERTIFICATE is expressly conditioned upon the holder being and remaining in full compliance with, and not in violation of, all of the applicable laws and lawful requirements made under authority of the laws of the State of Washington.

THIS CERTIFICATE will be automatically revoked upon failure to annually apply for renewal or pay the statutory fee for renewal.

THIS CERTIFICATE IS NOT TRANSFERABLE WITHOUT THE PRIOR WRITTEN CONSENT OF THE COMMISSIONER.

*IN WITNESS WHEREOF, effective as of the 8th day
of November, 2001, I have hereunto set my hand
and caused my official seal to be affixed this 14th day of*

November, 2001.

Mich. Smith
Insurance Commissioner

By

E. W. H.

Chief Deputy Insurance Commissioner



No. 2167

Certificate of Authority

STATE OF WASHINGTON
INSURANCE COMMISSIONER
OLYMPIA

THIS IS TO CERTIFY, That

AMERICAN FAMILY MUTUAL INSURANCE COMPANY
Madison, Wisconsin

organized under the laws of WISCONSIN, presented satisfactory evidence of compliance with the Insurance Code of the State of Washington and is therefore granted this Certificate of Authority, authorizing the company, subject to all provisions of this Certificate, to transact the following classes of insurance:

Property
Marine & Transportation
Vehicle
General Casualty

as such classes are now or may hereafter be defined in the Revised Code of Washington.

THIS CERTIFICATE is expressly conditioned upon the holder being and remaining in full compliance with, and not in violation of, all of the applicable laws and lawful requirements made under authority of the laws of the State of Washington.

THIS CERTIFICATE will be automatically revoked upon failure to annually apply for renewal or pay the statutory fee for renewal.

THIS CERTIFICATE IS NOT TRANSFERABLE WITHOUT THE PRIOR WRITTEN CONSENT OF THE COMMISSIONER.

*IN WITNESS WHEREOF, effective as of the 8th day
of November, 2001, I have hereunto set my hand
and caused my official seal to be affixed this 14th day of*



November, 2001.

M. H. K. Smith
Insurance Commissioner

By

[Signature]

Chief Deputy Insurance Commissioner

Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: **(360) 570-7895** or email (print and scan or upgrade to **Adobe Reader XI** or above) to: **vsdisclose@dol.wa.gov**.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

Bulk records contract fees: There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

1 Method of access you are requesting			
<input checked="" type="checkbox"/> IVIPS (Individual record inquiries) Current IVIPS number, if applicable: 13a			
<input type="checkbox"/> Bulk vehicle/vessel records (<i>Batch process</i>) Frequency (<i>check one</i>): <input type="checkbox"/> One time <input type="checkbox"/> Periodic <input type="checkbox"/> Regular			
PRINT or TYPE Company/Agency name Seattle Children's Hospital			
Contract contact/manager (IVIPS and Bulk records accounts) Debbie Ekstrom		Signing Authority name (Bulk records accounts only)	
(Area code) Phone number (206) 987-5484	Email (required for IVIPS and Bulk records) debbie.ekstrom@seattlechildrens.	(Area code) Phone number	Email (required for Bulk records)
Physical address of business (<i>Number and street, City, State, ZIP code</i>) 4800 Sand Point Way NE, M/S M2-15, Seattle, WA 98105			
Mailing address of business, if different (<i>Address or PO Box, City, State, ZIP code</i>) PO Box 5371, Seattle, WA 98105			
Provide one of these identifiers:	Taxpayer Identification Number (TIN) 6a	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
2 Provide a detailed explanation of your primary business activity (exactly what your business does). Non-profit hospital serving the needs of children in Pacific Northwest. We provide emergency care, outpatient care and inpatient care for children from WA, Idaho, Alaska and Montana.			
3 Check all that apply to you and/or your business			
<input type="checkbox"/> Attorney <input type="checkbox"/> Auction <input type="checkbox"/> Auto manufacturer or agent <input type="checkbox"/> Bail bonds <input type="checkbox"/> Bank or financing firm <input type="checkbox"/> Business <input type="checkbox"/> Commercial parking company <input type="checkbox"/> Credit union <input type="checkbox"/> Data broker/Reseller <input type="checkbox"/> Debt recovery/Collection <input type="checkbox"/> Employer/Prospective employer <input type="checkbox"/> Government <input type="checkbox"/> Guardianship/Trustee service <input type="checkbox"/> Homeowner association <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Hulk hauler <input type="checkbox"/> Insurance company/agent	<input type="checkbox"/> Lien service <input type="checkbox"/> Marina <input type="checkbox"/> Neighborhood block watch <input type="checkbox"/> Newspaper or media <input checked="" type="checkbox"/> Non-profit organization <input checked="" type="checkbox"/> Parking enforcement <input type="checkbox"/> Private investigator <input type="checkbox"/> Process server <input type="checkbox"/> Property mgmt. - Government <input type="checkbox"/> Property mgmt. - Private <input type="checkbox"/> Repossession service <input type="checkbox"/> Retail/Store <input type="checkbox"/> School - Private <input type="checkbox"/> School - Public <input type="checkbox"/> Scrap processor or wrecker <input type="checkbox"/> Security services - Government <input type="checkbox"/> Security services - Private	<input type="checkbox"/> Service bureau for another business Provide business name: _____ <input type="checkbox"/> Storage facility <input type="checkbox"/> Title/Escrow <input type="checkbox"/> Toll facility <input type="checkbox"/> Towing company <input type="checkbox"/> Transporter <input type="checkbox"/> Union (non-profit) <input type="checkbox"/> Vehicle/Vessel dealer <input type="checkbox"/> I represent a business that will provide information to another party Provide business names: _____ <input type="checkbox"/> Other (explain) _____ _____	

4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

Seattle Children's is required under the City of Seattle Major Institute on Master Plan (MIMP) to prevent hospital employees and affiliates from parking on neighborhood streets. IVIPS will allow us to identify those employees and affiliates. IVIPS will also allow us to identify the owners of vehicles parked in emergency zones on campus.

5 Redisclosure and/or selling of information

Will you sell or provide the information to anyone else? ☐ Sell ☐ Provide ☒ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

How will you provide the information to recipients? Explain.

6 Owner contact

Will you contact the vehicle/vessel owner? ☒ Yes ☐ No
Unsolicited business contact for commercial purposes is strictly prohibited.

If yes, why will you contact the owner and how will you contact them?

The vehicle owner would be contacted to request that the vehicle be removed from the neighborhood street and relocated to their assigned parking lot.

If the vehicle owner is an employee or affiliate of Seattle Children's the owner will be contacted by phone or email.

7 Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? ☒ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? ☒ Yes ☐ No
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? ☒ Yes ☐ No

- ☐ **I represent a government agency.** Agency name: _____
 Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? ☐ Yes ☐ No
- ☐ **I represent a Washington State business.** Attach legible copies of:
- your current business license
 - any/all professional licenses that you possess
- ☐ **I represent a business outside Washington State.** If your business is not required to be licensed in the state of Washington, attach a legible copy of either:
- your current business license
 - a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).
- ☐ **I am a process server.** Attach legible copies of:
- your current business license
 - any/all professional licenses that you possess
 - registration for county jurisdictions
- ☒ **I represent a non-profit organization or corporation.**
1. Attach a legible copy of one of the following:
 - Your Articles of Incorporation, filed with the Secretary of State
 - Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
 - Other documents reviewed and approved by the Department of Licensing Public Records Officer
 2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.
- ☐ **I represent a data broker/reseller** – attach a legible copy of your current business license.
 IVIPS applicants must also include:
- subscriber roster (provided on page 4)
 - subscriber agreements
- ☐ **I am an attorney.*** Attach legible copies of:
- your current business license
 - your current bar card
- ☐ **I am a private investigator.*** Attach legible copies of:
- your current Private Investigator license
 - your current business license

***Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner. RCW 46.12.635**

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Sr. Administrative Assistant

Title

March 24, 2015 - King County

Date and place (county) signed

X Debbie Ekstrom

Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725
 Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete this section)

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use each subscriber qualifies
- Retain Subscriber Roster for 6 years and provide to DOL when requested

Your contract and/or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

NOTE: When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at <https://fortress.wa.gov/dol/ivipsprod/>.

In the *Subscriber's permissible use* box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

1	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
5	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
7	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: **(360) 570-7895** or email (print and scan or upgrade to **Adobe Reader XI** or above) to: **vsdisclose@dol.wa.gov**.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

Bulk records contract fees: There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

1 Method of access you are requesting			
<input checked="" type="checkbox"/> IVIPS (Individual record inquiries) Current IVIPS number, if applicable: i3a			
<input type="checkbox"/> Bulk vehicle/vessel records (Batch process) Frequency (check one): <input type="checkbox"/> One time <input type="checkbox"/> Periodic <input type="checkbox"/> Regular			
PRINT or TYPE Company/Agency name State Farm Mutual Automobile Insurance Company			
Contract contact/manager (IVIPS and Bulk records accounts) Janet Singler		Signing Authority name (Bulk records accounts only)	
(Area code) Phone number (253) 912-6751	Email (required for IVIPS and Bulk records) janet.singler.bjla@statefarm.com	(Area code) Phone number	Email (required for Bulk records)
Physical address of business (Number and street, City, State, ZIP code) 1000 Willmington Drive, DuPont, WA 98327			
Mailing address of business, if different (Address or PO Box, City, State, ZIP code) PO Box 5000, DuPont, WA 98327			
Provide one of these identifiers:	Taxpayer Identification Number (TIN) 6a	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
2 Provide a detailed explanation of your primary business activity (exactly what your business does). State Farm is an insurance company that services the policies it sells.			
3 Check all that apply to you and/or your business			
<input type="checkbox"/> Attorney <input type="checkbox"/> Auction <input type="checkbox"/> Auto manufacturer or agent <input type="checkbox"/> Bail bonds <input type="checkbox"/> Bank or financing firm <input type="checkbox"/> Business <input type="checkbox"/> Commercial parking company <input type="checkbox"/> Credit union <input type="checkbox"/> Data broker/Reseller <input type="checkbox"/> Debt recovery/Collection <input type="checkbox"/> Employer/Prospective employer <input type="checkbox"/> Government <input type="checkbox"/> Guardianship/Trustee service <input type="checkbox"/> Homeowner association <input type="checkbox"/> Hospital <input type="checkbox"/> Hulk hauler <input checked="" type="checkbox"/> Insurance company/agent	<input type="checkbox"/> Lien service <input type="checkbox"/> Marina <input type="checkbox"/> Neighborhood block watch <input type="checkbox"/> Newspaper or media <input type="checkbox"/> Non-profit organization <input type="checkbox"/> Parking enforcement <input type="checkbox"/> Private investigator <input type="checkbox"/> Process server <input type="checkbox"/> Property mgmt. - Government <input type="checkbox"/> Property mgmt. - Private <input type="checkbox"/> Repossession service <input type="checkbox"/> Retail/Store <input type="checkbox"/> School - Private <input type="checkbox"/> School - Public <input type="checkbox"/> Scrap processor or wrecker <input type="checkbox"/> Security services - Government <input type="checkbox"/> Security services - Private	<input type="checkbox"/> Service bureau for another business Provide business name: _____ <input type="checkbox"/> Storage facility <input type="checkbox"/> Title/Escrow <input type="checkbox"/> Toll facility <input type="checkbox"/> Towing company <input type="checkbox"/> Transporter <input type="checkbox"/> Union (non-profit) <input type="checkbox"/> Vehicle/Vessel dealer <input type="checkbox"/> I represent a business that will provide information to another party Provide business names: _____ <input type="checkbox"/> Other (explain) _____ _____	

4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

State Farm uses IVIPs information during claim investigations to determine vehicle ownership, if the title has been recently transferred and to determine when the tabs were last renewed.

5 Redislosure and/or selling of information

Will you sell or provide the information to anyone else? ☐ Sell ☐ Provide ☒ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

The release and redislosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

How will you provide the information to recipients? Explain.

6 Owner contact

Will you contact the vehicle/vessel owner? ☒ Yes ☐ No
Unsolicited business contact for commercial purposes is strictly prohibited.

If yes, why will you contact the owner and how will you contact them?

Contact with the vehicle owner may be made to conclude a total loss claim to a vehicle which resulted from an automobile accident.

Contact can be made by phone, e-mail or in person during the course of the claim handling.

7 Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? ☒ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? ☒ Yes ☐ No
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? ☒ Yes ☐ No

- ☐ **I represent a government agency.** Agency name: _____
 Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? ☐ Yes ☐ No
- ☒ **I represent a Washington State business.** Attach legible copies of:
- your current business license
 - any/all professional licenses that you possess
- ☐ **I represent a business outside Washington State.** If your business is not required to be licensed in the state of Washington, attach a legible copy of either:
- your current business license
 - a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).
- ☐ **I am a process server.** Attach legible copies of:
- your current business license
 - any/all professional licenses that you possess
 - registration for county jurisdictions
- ☐ **I represent a non-profit organization or corporation.**
1. Attach a legible copy of one of the following:
 - Your Articles of Incorporation, filed with the Secretary of State
 - Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
 - Other documents reviewed and approved by the Department of Licensing Public Records Officer
 2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.
- ☐ **I represent a data broker/reseller** – attach a legible copy of your current business license.
 IVIPS applicants must also include:
- subscriber roster (provided on page 4)
 - subscriber agreements
- ☐ **I am an attorney.*** Attach legible copies of:
- your current business license
 - your current bar card
- ☐ **I am a private investigator.*** Attach legible copies of:
- your current Private Investigator license
 - your current business license

***Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner. RCW 46.12.635**

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

 Claim Section Manager

Title

 November 7, 2014; Thurston County

Date and place (county) signed

X Janet Singler

Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725
 Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete this section)

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use each subscriber qualifies
- Retain Subscriber Roster for 6 years and provide to DOL when requested

Your contract and/or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

NOTE: When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at <https://fortress.wa.gov/dol/ivipsprod/>.

In the *Subscriber's permissible use* box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

1	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
5	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
7	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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<input checked="" type="checkbox"/> IVIPS (Individual record inquiries) Current IVIPS number, if applicable: 13a		<input type="checkbox"/> Bulk vehicle/vessel records (Batch process) Frequency (check one): <input type="checkbox"/> One time <input type="checkbox"/> Periodic <input checked="" type="checkbox"/> Regular				
PRINT or TYPE Company/Agency name Law Offices of Frederick P.S. Whang, LLC						
Contract contact/manager (IVIPS and Bulk records accounts) Lien Thai		Signing Authority name (Bulk records accounts only)				
(Area code) Phone number (206) 223-1113	Email (required for IVIPS and Bulk records) lienthai@whanglawfirm.com	(Area code) Phone number	Email (required for Bulk records)			
Physical address of business (Number and street, City, State, ZIP code) 675 South Lane Street, Suite 301, Seattle WA 98104-2942						
Mailing address of business, if different (Address or PO Box, City, State, ZIP code) Same as Above						
Provide one of these identifiers:	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN) 6a	WA Unified Business Identifier (UBI) 602342783			
2 Provide a detailed explanation of your primary business activity (exactly what your business does). Practice law and providing legal services in personal injury, immigration, criminal, family, business and bankruptcy.						
3 Check all that apply to you and/or your business						
<table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top; width: 33%;"> <input checked="" type="checkbox"/> Attorney <input type="checkbox"/> Auction <input type="checkbox"/> Auto manufacturer or agent <input type="checkbox"/> Bail bonds <input type="checkbox"/> Bank or financing firm <input type="checkbox"/> Business <input type="checkbox"/> Commercial parking company <input type="checkbox"/> Credit union <input type="checkbox"/> Data broker/Reseller <input type="checkbox"/> Debt recovery/Collection <input type="checkbox"/> Employer/Prospective employer <input type="checkbox"/> Government <input type="checkbox"/> Guardianship/Trustee service <input type="checkbox"/> Homeowner association <input type="checkbox"/> Hospital <input type="checkbox"/> Hulk hauler <input type="checkbox"/> Insurance company/agent </td> <td style="vertical-align: top; width: 33%;"> <input type="checkbox"/> Lien service <input type="checkbox"/> Marina <input type="checkbox"/> Neighborhood block watch <input type="checkbox"/> Newspaper or media <input type="checkbox"/> Non-profit organization <input type="checkbox"/> Parking enforcement <input type="checkbox"/> Private investigator <input type="checkbox"/> Process server <input type="checkbox"/> Property mgmt. - Government <input type="checkbox"/> Property mgmt. - Private <input type="checkbox"/> Repossession service <input type="checkbox"/> Retail/Store <input type="checkbox"/> School - Private <input type="checkbox"/> School - Public <input type="checkbox"/> Scrap processor or wrecker <input type="checkbox"/> Security services - Government <input type="checkbox"/> Security services - Private </td> <td style="vertical-align: top; width: 33%;"> <input type="checkbox"/> Service bureau for another business Provide business name: _____ <input type="checkbox"/> Storage facility <input type="checkbox"/> Title/Escrow <input type="checkbox"/> Toll facility <input type="checkbox"/> Towing company <input type="checkbox"/> Transporter <input type="checkbox"/> Union (non-profit) <input type="checkbox"/> Vehicle/Vessel dealer <input type="checkbox"/> I represent a business that will provide information to another party Provide business names: _____ <input type="checkbox"/> Other (explain) _____ </td> </tr> </table>				<input checked="" type="checkbox"/> Attorney <input type="checkbox"/> Auction <input type="checkbox"/> Auto manufacturer or agent <input type="checkbox"/> Bail bonds <input type="checkbox"/> Bank or financing firm <input type="checkbox"/> Business <input type="checkbox"/> Commercial parking company <input type="checkbox"/> Credit union <input type="checkbox"/> Data broker/Reseller <input type="checkbox"/> Debt recovery/Collection <input type="checkbox"/> Employer/Prospective employer <input type="checkbox"/> Government <input type="checkbox"/> Guardianship/Trustee service <input type="checkbox"/> Homeowner association <input type="checkbox"/> Hospital <input type="checkbox"/> Hulk hauler <input type="checkbox"/> Insurance company/agent	<input type="checkbox"/> Lien service <input type="checkbox"/> Marina <input type="checkbox"/> Neighborhood block watch <input type="checkbox"/> Newspaper or media <input type="checkbox"/> Non-profit organization <input type="checkbox"/> Parking enforcement <input type="checkbox"/> Private investigator <input type="checkbox"/> Process server <input type="checkbox"/> Property mgmt. - Government <input type="checkbox"/> Property mgmt. - Private <input type="checkbox"/> Repossession service <input type="checkbox"/> Retail/Store <input type="checkbox"/> School - Private <input type="checkbox"/> School - Public <input type="checkbox"/> Scrap processor or wrecker <input type="checkbox"/> Security services - Government <input type="checkbox"/> Security services - Private	<input type="checkbox"/> Service bureau for another business Provide business name: _____ <input type="checkbox"/> Storage facility <input type="checkbox"/> Title/Escrow <input type="checkbox"/> Toll facility <input type="checkbox"/> Towing company <input type="checkbox"/> Transporter <input type="checkbox"/> Union (non-profit) <input type="checkbox"/> Vehicle/Vessel dealer <input type="checkbox"/> I represent a business that will provide information to another party Provide business names: _____ <input type="checkbox"/> Other (explain) _____
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4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

On occasions where the registered owner's name and address are not listed on the traffic police report or if our clients were only able to obtain the license plate of the other driver, we would then be able to locate the registered owner's name and address to write to him/her a letter to determine whether they have insurance or not for the automobile accident in question.

5 Redisclosure and/or selling of information

Will you sell or provide the information to anyone else? ☐ Sell ☐ Provide ☒ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

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If yes, why will you contact the owner and how will you contact them?

7 Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? ☒ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? ☒ Yes ☐ No
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? ☒ Yes ☐ No

- ☐ **I represent a government agency.** Agency name: _____
 Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? ☐ Yes ☐ No
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- ☒ **I am an attorney.*** Attach legible copies of:
- your current business license
 - your current bar card
- ☐ **I am a private investigator.*** Attach legible copies of:
- your current Private Investigator license
 - your current business license

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Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

July 28, 2015 King County, WA

Date and place (county) signed

Owner/Member

Title

X
Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725
 Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

This is your Washington Corporation
or LLC License.
This is not a Washington Business
License.

LAW OFFICES OF FREDERICK P. S. WHANG
C/O FREDERICK PS WHANG
675 S LANE ST STE 301
SEATTLE WA 98104-2942

Detach before posting

001140

State of Washington
Business Licensing Service

Office of the Secretary of State
Corporations Division

LEGAL ENTITY REGISTRATION

Unified Business ID #: 602 342 783
Business ID #: 1

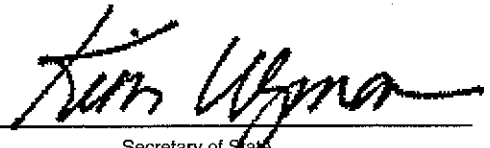
Expires: 02-29-2016

LAW OFFICES OF FREDERICK P. S. WHANG, LLC
55 BROADWAY
TACOMA WA 98402 4102

Domestic Limited Liability Company
Renewed by Authority of Secretary of State

REGISTERED TRADE NAMES:
WHANG LAW FIRM

By accepting this document the licensee certifies that information
provided on the renewal was complete, true, and accurate to the
best of his or her knowledge, and that the company will stay in
compliance with all applicable Washington State regulations.


Secretary of State

City of Seattle Customer #: 565316



State of Washington UBI #: 602342783

Tax period: Quarterly*

Tax Reporting: Separate

BUSINESS LICENSE

EXPIRATION DATE

12/31/2015

2015

* Tax returns due: Jan 31 Apr 30 Jul 31 Oct 31
IF you have not received a blank return within 20 days of a due date, contact the Licensing & Tax Administration office.

WHANG LAW FIRM
675 S LANE ST #301
SEATTLE, WA 98104

Not Transferable

Post Conspicuously



THE CITY OF SEATTLE

Dept. of Finance and Administrative Services

700 5th Avenue Suite 4250

P.O. BOX 34214

Seattle WA 98124-4214

(206) 684-8484 Fax (206) 684-5170

email: tax@seattle.gov website: seattle.gov/licenses

BUSINESS MAILING ADDRESS:

565316

000 5

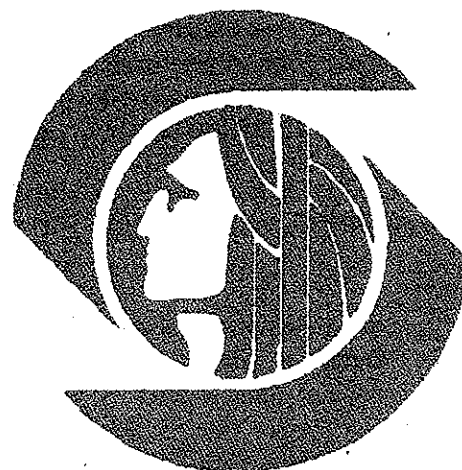
3872/7-7-376



LAW OFFICES OF FREDERICK PS WHANG
WHANG LAW FIRM
675 S LANE ST STE 301
SEATTLE WA 98104-2942

Business License

Expiration Date: 12/31/2015



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Vehicle/Vessel Contract Application

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PRINT or TYPE Company/Agency name Pierce County Assessor-Treasurer			
Contract contact/manager (IVIPS and Bulk records accounts) Debbie Brammer		Signing Authority name (Bulk records accounts only)	
(Area code) Phone number (253) 798-3712	Email (required for IVIPS and Bulk records) dbramme@co.pierce.wa.us	(Area code) Phone number	Email (required for Bulk records)
Physical address of business (Number and street, City, State, ZIP code) 2401 South 35th Street, Room 142, Tacoma, WA 98409-7498			
Mailing address of business, if different (Address or PO Box, City, State, ZIP code)			
Provide one of these identifiers:	Taxpayer Identification Number (TIN) 6a	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
2 Provide a detailed explanation of your primary business activity (exactly what your business does).			
Property assessment & property tax collection			
3 Check all that apply to you and/or your business			
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4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

To obtain purchaser's name for our taxpayer records.

5 Redisdisclosure and/or selling of information

Will you sell or provide the information to anyone else? ☐ Sell ☒ Provide ☐ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

Information that is subject to public records disclosure will be released to any requester. Our property tax records are also searchable via our website.

The release and redisdisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

Records that are protected will not be disclosed.

How will you provide the information to recipients? Explain.

Records are provided via mail, e-mail and on-line search.

6 Owner contact

Will you contact the vehicle/vessel owner? ☐ Yes ☐ No

Unsolicited business contact for commercial purposes is strictly prohibited.

If yes, why will you contact the owner and how will you contact them?

Normally, it is the owner of record who contacts our office stating the mobile home has been sold and a seller's report has been filed.

7 Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? ☒ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? ☒ Yes ☐ No
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? ☒ Yes ☐ No

☒ **I represent a government agency.** Agency name: Pierce County Assessor-Treasurer

Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? ☒ Yes ☐ No

☐ **I represent a Washington State business.** Attach legible copies of:

- your current business license
- any/all professional licenses that you possess

☐ **I represent a business outside Washington State.** If your business is not required to be licensed in the state of Washington, attach a legible copy of either:

- your current business license
- a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).

☐ **I am a process server.** Attach legible copies of:

- your current business license
- any/all professional licenses that you possess
- registration for county jurisdictions

☐ **I represent a non-profit organization or corporation.**

1. Attach a legible copy of one of the following:

- Your Articles of Incorporation, filed with the Secretary of State
- Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
- Other documents reviewed and approved by the Department of Licensing Public Records Officer

2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.

☐ **I represent a data broker/reseller** – attach a legible copy of your current business license.

IVIPS applicants must also include:

- subscriber roster (provided on page 4)
- subscriber agreements

☐ **I am an attorney.*** Attach legible copies of:

- your current business license
- your current bar card

☐ **I am a private investigator.*** Attach legible copies of:

- your current Private Investigator license
- your current business license

***Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner. RCW 46.12.635**

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Accounting Assistant 3

Title

April 14, 2015 / Pierce County WA

Date and place (county) signed

X Debbie Brammer

Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725
Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete this section)

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use each subscriber qualifies
- Retain Subscriber Roster for 6 years and provide to DOL when requested

Your contract and/or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

NOTE: When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at <https://fortress.wa.gov/dol/ivipsprod/>.

In the *Subscriber's permissible use* box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

1	Legal business name Pierce County Assessor-Treasurer	Contact name Christy Talbert	Email ctalbe1@co.pierce.wa.us	Telephone # (253) 798-2718
	Address, City, State, ZIP code 2401 South 35th Street, Room 142, Tacoma, WA 98409-7498		Subscriber's permissible use To obtain owner's name to update our taxpayer records.	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
2	Legal business name Pierce County Assessor-Treasurer	Contact name Raquel Palmas	Email rpalmas@co.pierce.wa.us	Telephone # (253) 798-3676
	Address, City, State, ZIP code 2401 South 35th Street, Room 142, Tacoma, WA 98409-7498		Subscriber's permissible use To obtain owner's name to update our taxpayer records.	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
3	Legal business name Pierce County Assessor-Treasurer	Contact name Brittanie Erickson	Email berick1@co.pierce.wa.us	Telephone # (253) 798-7259
	Address, City, State, ZIP code 2401 South 35th Street, Room 142, Tacoma, WA 98409-7498		Subscriber's permissible use To obtain owner's name to update our taxpayer records.	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
4	Legal business name Pierce County Assessor-Treasurer	Contact name Vicki Short	Email vshort@co.pierce.wa.us	Telephone # (253) 798-7105
	Address, City, State, ZIP code 2401 South 35th Street, Room 142, Tacoma, WA 98409-7498		Subscriber's permissible use To obtain owner's name to update our taxpayer records.	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
5	Legal business name Pierce County Assessor-Treasurer	Contact name Tina Parrish	Email cparris@co.pierce.wa.us	Telephone # (253) 798-7117
	Address, City, State, ZIP code 2401 South 35th Street, Room 142, Tacoma, WA 98409-7498		Subscriber's permissible use To obtain owner's name to update our taxpayer records.	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
6	Legal business name Pierce County Assessor-Treasurer	Contact name Sandra Moore	Email smoore@co.pierce.wa.us	Telephone # (253) 798-7133
	Address, City, State, ZIP code 2401 South 35th Street, Room 142, Tacoma, WA 98409-7498		Subscriber's permissible use To obtain owner's name to update our taxpayer records.	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
7	Legal business name Pierce County Assessor-Treasurer	Contact name Kim Culbertson	Email kculber@co.pierce.wa.us	Telephone # (253) 798-3704
	Address, City, State, ZIP code 2401 South 35th Street, Room 142, Tacoma, WA 98409-7498		Subscriber's permissible use To obtain owner's name to update our taxpayer records.	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete this section)

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- Record all subscribers
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- Retain Subscriber Roster for 6 years and provide to DOL when requested

Your contract and/or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

NOTE: When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at <https://fortress.wa.gov/dol/ivipsprod/>.

In the *Subscriber's permissible use* box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

1	Legal business name Pierce County Assessor-Treasurer	Contact name Joyce Walsworth	Email jwalswo@co.pierce.wa.us	Telephone # (253) 798-2717
	Address, City, State, ZIP code 2401 South 35th Street, Room 142, Tacoma, WA 98409-7498		Subscriber's permissible use To obtain owner's name to update our taxpayer records.	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
2	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
5	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
7	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

Redaction Log

Reason	Page (# of occurrences)	Description
13a	1 (1)	RCW 42.56.420(4). Security – Computer and Telecommunications Networks. Information regarding the infrastructure and security of computer and telecommunications networks, consisting of security passwords, security access codes and programs, access codes for secure software applications, security and service recovery plans, security risk assessments, and security test results to the extent that they identify specific system vulnerabilities.
	5 (1)	
	11 (1)	
	18 (1)	
	36 (1)	
	39 (14)	
	41 (1)	
	45 (1)	
	48 (1)	
	56 (1)	
	62 (1)	
	66 (1)	
	70 (1)	
	75 (1)	
6a	1 (1)	RCW 42.56.230(5); RCW 9.35.005. Personal Information – Financial Information. Credit card numbers, debit card numbers, electronic check numbers, card expiration dates, social security numbers, bank or other financial information identified in RCW 9.35.005. Information in RCW 9.35.005 is information identifiable to an individual that concerns the amount or conditions of an individual's assets, liabilities or credit: account numbers and balances; transactional information concerning an account; codes, passwords, social security numbers, tax identification numbers, driver's license or permit numbers, state identicard numbers issued by the Department of Licensing, and other information held for the purpose of account access or transaction initiation.
	5 (1)	
	18 (1)	
	36 (1)	
	41 (1)	
	45 (1)	
	48 (1)	
	56 (1)	
	62 (1)	
	66 (1)	
	70 (1)	
	75 (1)	